

Name Danelle Renee Scoggins
Street Address 3044 N. Fruit, #B
City and County Fresno
State and Zip Code California 93705
Telephone Number 559-394-2014

FILED
JAN 28 2020
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY SS DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Danelle Renee Scoggins

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Turning Point Central California / Falcon Court
4415 N. Clark St. #1
Fresno, CA 93726

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

1:20 CV 00140 DAD SAB
Case No.

(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Street Address
City and County
State and Zip Code
Telephone Number

Danelle Renee Scogains
3044 N. Fruit #B
Fresno
California 93705
559-394-9014

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number

Turning Point Central California/Fallen Count
Cooperation - Management
4415 N. Clark St., #1
Fresno
California 93705
559-248-9445

Defendant No. 2

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____

II. Basis for Jurisdiction

Federal Courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in Federal Court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same state as any plaintiff.

What is the basis for Federal Court jurisdiction? (*check all that apply*)

Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Housing Discrimination ?

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

- b. If the defendant is a corporation

The defendant, (name) Turning Point Central California Falcon Court, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) California. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

Extreme Discrimination of housing and personal harassment, Stress, INTIMIDATION Continuously, & unsafe environment. Gave me 2 wrongful evictions, which was crucial

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach

additional pages if needed. I am bring this claim against "Turning Point of Central California/Falcon Court" Due to fact that I was disable and was unable to comprehend they took advantage of me and caused affliction to me and my two sons because I am still disable, therefore they placed me in their apartment knowing that I will Penal Code Section 290/290.024 & 290.07.

(See Attachment)

A

Attachment - A

Even though they knew, they placed me
there for their own personal gain.
Most of all there was no safety in the
home. Unknowing to me, these were
the same people that I had
rented from previously, who had lied
to me and told the same lies to everyone
else. I have police reports to show
all evidence to support my claim.
(All police reports are available upon
Request).

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

For Pain, Suffering, mole exposure,
Serious Harassment, Stress, Bruising
My Son and I. 500.000

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 01/23, 2020

Signature of Plaintiff

Printed Name of Plaintiff

X Danielle Renee Scoggins
DANIELLE Renee Scoggins

GENERAL RELEASE

INSTRUCTIONS: Please copy this form and complete

CONSENT: I authorize and direct any Federal, release to the Fresno Housing Authority (FH), any application for participation, and/or maintain Low Income Public Housing Program. I understand and agree to be used by HACCF in administering and enforcing Program rules.

INFORMATION COVERED: Verifications and inquiries that may be made

Criminal Reports	Credit Reports	Eviction
Family Composition	Assets	School Rec

AGENCIES: Agencies that may be asked to release information includes,

Other Public Agencies	Child Care Providers	Financial Institutions
Law Enforcement Agency	Internal Revenue Services	Child Protection
Utility Companies	Educational Institutions	Post Office

Last Name: Scoggins

First Name

Middle Name: Renee Suffix: MS

Social Sec

Driver's/Identification License #: B9462522

Phone

Date of Birth (DOB): 12 107 81

Sex:

I DO hereby authorize the release of information to the Fresno Housing Authority. Authorization may be used for the purposes stated above. The original will stay in effect for twelve months from the date signed.

Signature: Danette Scoggins

IMPORTANT: The following law authorizes the collection of information under the Fair Housing Act of 1937 (42 U.S.C., 1437 et seq.) Any information obtained hereunder may be used for the purpose of admission and/or continuation of tenancy. No person shall discriminate on the basis of race, color, national origin, sex, or disability in the possession of the authority and all copies made from it shall be returned to the housing.

Case 1:20-cv-00140-DAD-SAB Document 1 Filed 01/28/20 Page 9 of 67

**PERMANENT SUPPORTIVE HOUSING PROGRAM
TURNING POINT OF CENTRAL CALIFORNIA, INC.
RENTAL AND SECURITY DEPOSIT AGREEMENT**

As a condition of my participation in the H.U.D. and Turning Point (Falcon Court) Supportive Housing Program I, Danelle Scoggins and I, _____ agree to the following terms and conditions:
(Name) (Name)

The term of this agreement is for ONE year beginning on 3/1/19 and ending on 3/1/20. This agreement will automatically renew on a month to month basis, beginning on 4/1/20. I agree to pay rent monthly to Turning Point of Central California, Inc. ("Falcon Court"). This lease may be terminated by either party giving to the other a 30-day written notice of intention to terminate.

My initial rent payable to Turning Point monthly shall be \$ 89.00 each month beginning 4/1/19. Utilities each month shall be \$ _____. Clients Initials D.S. The Pro-rated rent for the balance of this month is \$ 0.
(If Applicable)

I agree to pay rent monthly to Turning Point in accordance with H.U.D. regulations which govern the program. Rent is assessed based on three formulas with the largest amount being the maximum required.

The rent formulas are:

- 1.) 10 percent of monthly gross income
- 2.) 30 percent of monthly adjusted income
- 3.) Public assistance rent, if applicable

An Security deposit will be required in the amount of \$ 600.00 to ensure performance of the agreements contained herein. No part of this deposit is to be considered as an advance payment of rent including last month's rent, nor is it to be used as a refund prior to the premises being permanently and totally vacated by all residents. After the residents have vacated the premises, Turning Point will provide resident with an itemized written statement of the basis for the amount of any entry deposit retained by Turning Point. Turning Point may retain any or all of the deposit necessary to (a) remedy any default by residents in the premises or for unpaid rent; (b) repair damages to the premises to include repainting and carpet cleaning, exclusive of ordinary wear and tear, and/or to remove trash and clean premises to meet the landlord's re-rental standards. The unused portion of this deposit may be returned to the residents without interest, according to the law. Residents will be billed for any damages accrued above the amount of the security deposit. Deposit paid by Resident ESG. Date paid: _____

Payment of rent is due on the 1st of each month or as agreed upon and stated below. A Late Fee of \$ 45.00 may be charged if rent is not received by the 5th day of the month. Payment of rent shall be in the form of money order, cash, or cashier's check, made out to Turning Point of Central California, Inc.

Failure to pay rent monthly will result in eviction from the property with a written three (3) day notice to move and/or legal action.

RESIDENT: shall comply with all tenant guidelines as stated on separate addendum, but which are deemed part of this rental agreement, and a violation of any of the tenant guidelines is considered a breach of this agreement.

ACCEPTANCE OF PREMISES: Resident has inspected the premises, furnishings and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.

I agree to produce documentation of all my monthly income. Failure to produce accurate documentation of my monthly income may result in my termination from the program. I agree to report changes in my monthly income to the Turning Point staff within forty - eight (48) hours of when I become aware of them. Intentionally misleading the program about my actual income could be fraud. The program could refer the case to the legal system for prosecution.

RIGHT OF ENTRY AND INSPECTION: Turning Point Staff may enter, inspect, and/or repair the premises at any time in case of emergency or suspected abandonment. The staff shall give 24 hours advance notice and may enter for the purpose of showing the premises during normal business hours to prospective renters, buyers, lenders, for smoke alarm inspections, and/or for normal inspections and repairs. Staff/Maintenance is permitted to make all alterations, repairs and maintenance that in Staff's judgment is necessary to perform.

PETS: No animal, fowl, fish, reptile, and/or pet of any kind shall be kept on or about the premises, for any amount of time, without obtaining the prior written consent and meeting the requirements. Such consent if granted, shall be revocable upon giving a 30 day written notice. In the event laws are passed or permission is granted to have a pet and/or animal of any kind, an additional deposit in the amount of \$ _____ shall be required along with additional monthly rent of \$ _____ along with the signing of the Pet Agreement.

PEST CONTROL: In case pest control services are needed, there will be a \$50.00 charge to any resident whom fails to prepare for pest control services.

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): LOUIE CORONADO, ESQ., A.P.L.C., SBN 181798 2525 ALLUVIAL AVE., #320 CLOVIS, CA 93611	TELEPHONE NO.: 559-472-3629	FOR COURT USE ONLY
ATTORNEY FOR (NAME): ATTORNEY FOR PLAINTIFF		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO		
STREET ADDRESS: 1130 O STREET MAILING ADDRESS: SAME CITY AND ZIP CODE: FRESNO, CA 93724 BRANCH NAME: CENTRAL DIVISION-LIMITED CIVIL		
PLAINTIFF: WARREN PROPERTIES, INC.		
DEFENDANT: DANIELLE SCOGGINS		
DECLARATION OF PREJUDICE CCP 170.6 (PEREMPTORY CHALLENGE)		CASE NUMBER: 17088

FILED
OCT 21 2015
FRESNO SUPERIOR COURT
By DEPUTY

LOUIE CORONADO, ESQ. _____ declares
(NAME OF DECLARANT)

that he/ she is _____ ATTORNEY FOR PLAINTIFF _____ a party to the within action hereinafter
(INSERT "ATTORNEY FOR" OR LEAVE BLANK)

called "case" therein as follows:

WARREN PROPERTIES, INC. v. DANIELLE SCOGGINS
(NAME OR NAMES OF PARTIES) _____

that _____ HON. DALE IKEDA _____, the Judge, Court Commissioner or Referee to
(NAME OF JUDGE/COMMISSIONER/REFEREE BEING DISQUALIFIED)

whom the case has been assigned is prejudiced against the _____ PLAINTIFF _____ or the interest
(PLAINTIFF OR DEFENDANT)

of the _____ PLAINTIFF _____ so that Declarant cannot or believes that he/she cannot have a fair
(PLAINTIFF OR DEFENDANT)

and impartial trial or hearing before such Judge, Court Commissioner or Referee.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: _____ 10/20/15

(SIGNATURE OF DECLARANT)

**SUMMONS
(CITACION JUDICIAL)**
UNLAWFUL DETAINER—EVICTION
(RETENCION ILICITA DE UN INMUEBLE—DESALOJO)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):

DANIELLE SCOGGINS

YOU ARE BEING SUED BY PLAINTIFF:

(LO ESTÁ DEMANDANDO EL DEMANDANTE):

WARREN PROPERTIES, INC.

1800-675-8001

FOR COURT USE ONLY (SOLO PARA USO DE LA CORTE)	
FILED	
OCT 21 2015	
FRESNO SUPERIOR COURT	By _____
DEPUTY	

You have 5 CALENDAR-DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. (To calculate the five days, count Saturday and Sunday, but do not count other court holidays. If the last day falls on a Saturday, Sunday, or a court holiday then you have the next court day to file a written response.) A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. NOTE: The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

Tiene 5 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. (Para calcular los cinco días, cuente los sábados y los domingos pero no los otros días feriados de la corte. Si el último día cae en sábado o domingo, o en un día en que la corte esté cerrada, tiene hasta el próximo día de corte para presentar una respuesta por escrito). Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

1. The name and address of the court is:
(El nombre y dirección de la corte es):

CASE NUMBER:
(Número del caso):

1800-675-846

- Superior Court of California, County of Fresno, Central Division-Ltd Civil, 1130 O St., Fresno, CA 93724
2. The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):
LOUIE CORONADO, ESQ., SBN 181798, 2525 Alluvial, Ste. 320, Clovis, CA 93611, 559-472-3629
3. (Must be answered in all cases) An unlawful detainer assistant (Bus. & Prof. Code, §§ 6400–6415) did not did for compensation give advice or assistance with this form. (If plaintiff has received any help or advice for pay from an unlawful detainer assistant, complete item 6 on the next page.)

Date: OCT 21 2015
(Fecha)

Clerk, by _____
(Secretario) A. FLORES
, Deputy
(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)
(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).

[SEAL]	4. NOTICE TO THE PERSON SERVED: You are served	
	a. <input type="checkbox"/>	as an individual defendant.
	b. <input type="checkbox"/>	as the person sued under the fictitious name of (specify):
	c. <input type="checkbox"/>	as an occupant
	d. <input type="checkbox"/>	on behalf of (specify):
	under: <input type="checkbox"/>	CCP 416.10 (corporation)
	<input type="checkbox"/>	CCP 416.20 (defunct corporation)
	<input type="checkbox"/>	CCP 416.40 (association or partnership)
	<input type="checkbox"/>	CCP 415.46 (occupant)
5. <input type="checkbox"/>	by personal delivery on (date): 10-25-15	
		<input type="checkbox"/> CCP 416.60 (minor)
		<input type="checkbox"/> CCP 416.70 (conservatee)
		<input type="checkbox"/> CCP 416.90 (authorized person)
		<input type="checkbox"/> other (specify):

THIS LEASE is executed on December 23, 2015 between Village at Shaw (herein called "Lessor") and Danelle Scoggins (herein called "Lessee(s)").

Lessee premises: The Leased Premises are located in the City of Fresno, County of Fresno, State of CA, and commonly described 4754 Alamos Apt - 202, together with the inventory, and appliances attached hereto.

Term: This lease shall be for a 12 month term commencing December 23, 2015 (Commencement Date) and ending December 22, 2016.

MONTHLY RENT:

Rent		Deposit	
Base Rent	<u>\$ 565.00</u>	Security	<u>\$ 400.00</u>
Furniture		Remote	
Washer/Dryer		Pet	<u>\$ 0.00</u>
Carport/Garage		Other	
Other		Other	
Total	<u>565</u>		<u>400</u>

KEYS:

Keys	#	Keys	#
Unit	<u>754-202</u>	Mail	
Remote		Amenity	
Garage		Storage	
Card		Other	

LESSEE OCCUPANCY:

Premises shall be occupied only by the following named person(s):

Danelle Scoggins	12/07/81	Shaun William Jr	01/29/13	Isaac Scoggins	12/10/01
NAME	BIRTHDATE	NAME	BIRTHDATE	NAME	BIRTHDATE

Parking space assignment (if any) Space No. N/A (see section 20).

By this Lease Agreement executed on the above date, Lessor and Lessee mutually covenant and agree as follows:

Section 1: General Agreement

Lessor leases to Lessee the above-described premises, which Lessee accepts from Lessor for the Term, beginning with the Term Commencement Date, at the Total Monthly Rent indicated.

Section 2: Payment of Total Monthly Rent

Lessee agrees to pay rent to Lessor in advance at the Rental Office, 4885 North Recreation, Fresno, CA 93726 or at such other place as may be designated by Lessor, as follows:

A. \$ 164.00 for the period December 23, 2015 through December 31, 2015 (first month prorated) and \$0.00 for the last month's rent, payable upon occupancy.

B. \$ 565.00 commencing on the first day of the following month, and thereafter on the first day of each succeeding month.

C. Payments shall be made payable to Village at Shaw, located at 4885 North Recreation , Fresno, CA, 93726, telephone (559) 291-2517, in U.S. dollars in the form of Personal Check, Cashier's Check, or Money Order. The usual business days and hours to make rent payment at said address are 8:30 am to 5:30 pm Mon - Fri. After hours payments may be made in the rent drop box located at said address.

D. LATE PAYMENT: If rent is not paid by midnight on the Fifth (5th) day of any calendar month, a late charge of \$ 60.00 shall be immediately due and payable. Further, in the event the rent is paid by a check returned by the bank for any reason, in addition to the late charge set forth above, an NSF fee shall also be due and payable in the sum of \$25.00. Lessee agrees that the combination of late charges, returned check charges, and other fees provided for by this paragraph is a reasonable estimate of Lessor's bank charges, administrative fees, and other damages which would otherwise be difficult or impractical to ascertain.

E. All payments received after the 5th day of the month must be in the form of a cashier's check or money order. A check or money order from persons not named on the lease must be returned to Lessee. Monies paid will be applied first to any previous balance due on Lessee's account including rent, late charges, returned check charges, and damages; and secondly to current rent.

F. LIABILITY: All parties to the Lease Agreement are responsible for the timely payment of the rent. Moving out does not automatically relieve a party of this responsibility. Lessor must be given and must approve a written notice, signed by all parties to the lease, that one party is vacating the Unit, and a new Lease Agreement (subject to Lessor's approval) must be signed by the remaining party or parties, provided remaining party or parties qualify.

G. In the event a rent check is returned by the bank for any reason Lessee agrees that Lessor may require Lessee to make future rent payments in the form of money order or cashier's check only.

H. DEFAULT: Should Lessee default on the 12 month Lease Agreement or vacate prior to expiration of 12 months, Lessee agrees to reimburse Lessor for any move-in allowances taken, which amount is \$ 0. This is in addition to any other remedies provided under California law. (See Section 6, below.)

Section 3: Deposits

A. Lessee agrees to deposit with Lessor the additional sum of \$ 400.00 as security to be held by Lessor for the faithful performance by Lessee of each and every provision of this Lease, which security Lessee hereby authorizes Lessor to use for any one or more of the following purposes:

- (1) If Lessee vacates or abandons the premises prior to the end of the Term, for daily rent equal to 1/30th of the Total Monthly Rent for each day rent is unpaid until the end of the Term, or until Lessor re-rents the premises, whichever event occurs first;
- (2) For repair of damages to the premises, including furnishings and appliances, caused by Lessee, exclusive of ordinary wear and tear;
- (3) For cleaning the premises, if necessary, upon termination of the tenancy, including, but not limited to: any and all painting, including touch-up paint; filling wall holes caused by the hanging of pictures; and cleaning carpets, drapes, walls, doors, windows, refrigerator, range, oven, and electrical fixtures;
- (4) For payment of delinquent rent;
- (5) For payment of any liquidated damages resulting from late rental payment and/or returned checks;
- (6) For locks and keys in the event keys are not returned upon termination of the tenancy;
- (7) For any amount charged under the provisions of paragraph G of section 12.

All sums payable to Lessor under the foregoing provisions shall be payable as additional rent for the premises.

INITIAL: DW

ConAm 104-CA Rev 01/02

23, 2015

Last Updated: 07/29/2015

SFC Security knock on my door
at 1:48 am in the morning he
626-7600, 6-15-06

JAMES GOLDSTEIN, CHIEF CHILD SUPPORT ATTORNEY
FRESNO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

2220 TULARE ST
STE 310P
FRESNO CA 93721-2131

TELEPHONE NO.: (866) 901-3212

200000001285686

FAX NO. (Optional): (559) 455-4669

E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406

SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO

STREET ADDRESS: 1130 O ST

MAILING ADDRESS: 1130 O ST

CITY AND ZIP CODE: FRESNO 93724-2201

BRANCH NAME: BF SISK COURTHOUSE

PETITIONER/PLAINTIFF: COUNTY OF FRESNO

RESPONDENT/DEFENDANT: SHAWN ALEXANDER WILLIAMS

OTHER PARENT: DANELLE RENEE SCOGGINS

JUDGMENT REGARDING PARENTAL OBLIGATIONS

AMENDED

SUPPLEMENTAL

FOR COURT USE ONLY

FILED
JUL 23 2013

FRESNO COUNTY SUPERIOR COURT
By _____ SKS DEPUTY

CASE NUMBER:
13CEFS01214

1. a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGMENT. This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-610) with the court clerk within 30 days of the date you were served with the Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.

b. NOTICE: THIS IS A JUDGMENT. It is now legally binding.

2. This matter proceeded as follows:

a. Judgment entered under Family Code section 17430.

b. By court hearing, appearances as follows:

- (1) Date: _____ Dept.: _____ Judicial Officer: _____
 Attorney present (name): _____
 Attorney present (name): _____
 Attorney present (name): _____
 Attorney present (name): _____
 Local child support agency attorney (Family Code, §§ 17400,17406) (name): _____
 Other: (specify): _____

c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent.

3. This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.

4. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children.

5. This order is based on the attached documents (specify): _____

THE COURT ORDERS

6. a. Petitioner/plaintiff Respondent/defendant Other parent are the parents of the children named in item 6b below.

b. The parent ordered to pay support must pay current child support as follows:

Date of birth
01/29/2013

Monthly support amount
\$389.00

Name of child
SHAWN ROY WILLIAMS, JR

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

Form Adopted for Alternative Mandatory Use
Instead of Form FL-692
Judicial Council of California
FL-630 [Rev. July 1, 2011]

**JUDGMENT REGARDING PARENTAL OBLIGATIONS
(Governmental)**

Page 1 of 3
Family Code, §§ 17400,17402,
17404,17430
www.courts.ca.gov

TEAM 3

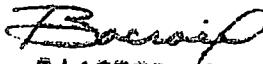
ATTORNEY (Name and Address): Danelle R. Scoggins 4946 N. Recreation Ave., A Fresno, CA 93726		SBN: FOR COURT USE ONLY
E-MAIL:		
ATTORNEY FOR: In Propria Persona		
NAME OF COURT, JUDICIAL DISTRICT or BRANCH COURT, IF ANY: Fresno County Superior Court 1100 Van Ness Fresno, CA 93724 Fresno		
PLAINTIFF: Danelle R. Scoggins	COURT CASE NO.: 15CESC02369	
DEFENDANT: Warren Properties Inc.	LEVYING OFFICER FILE NO.: 2016452701	
Proof of Service		

1. At the time of the service I was at least 18 years of age and not a party to this action.
2. I served copies of the:
 - f. other (specify documents): **Plaintiff's Claim and ORDER to go to Small Claims Court (Small Claims)**
3. a. Party served: **Warren Properties Inc.**
 - b. Person (other than the party in item 3a) served on behalf of the entity or as an authorized agent (and not a person under item 5b on whom substituted service was made): **Sandy Boone, Human Resources Director**
4. Address where party was served: **140 N. Escondido Blvd
Escondido, CA 92025-2610**
5. I served the party:
 - a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of the process for the party (1) on: 07/29/2016 (2) at: 09:39 AM.
7. Person who served papers:
 - a. Name: **J Ritter 7760**
 - b. Address: **San Diego County Sheriff Sheriff's Civil Office 325 South Melrose Dr Ste 2400 Vista, CA 92081-6692**
 - c. Telephone Number: **(760) 940-2898**
 - d. The fee for service was: **\$40.00 Waiver**
9. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Monday, August 1, 2016

Hearing: **08/25/2016 01:30 PM in Dept/Div: 97E**

Remarks


R LACROIX, 2016

Sheriff's Authorized Agent
William D. Gore, Sheriff

Case 1:20-cv-01120 Document 1 Filed 01/28/20 Page 15 of 67

**THREE DAY NOTICE TO PERFORM CONDITIONS
AND/OR COVENANTS OR QUIT**

TO: Danelle Scoggins
All Residents (tenants and subtenants) in possession (full name) and all others in possession

of the premises located at:

3373 N MILLBROOK AVE, Unit # (if applicable) 39
(Street Address)
FRESNO, CA 93726
(City) (Zip)

IN THAT, the Rental/Lease Agreement condition(s) and/or covenants set forth below are being breached as follows:

1. Condition(s) and/or covenant(s) breached: Resident Guidelines paragraph; 1.F. Residents/Guests on the premises must conduct themselves in a manner that will not disturb, annoy, endanger, or interfere with other residents or employees of the apartment complex. Resident adults are responsible for the behavior and any damage or nuisance caused by their guest(s) and children. 3.D. Residents/Guests shall conduct themselves in a manner that will not disturb other residents peaceful enjoyment or constitute a nuisance. 1.C. Any violation of the Renal/Agreement shall be cause for eviction.
2. State specific facts of breach(es) and/or violation(s): On 10-6-15 at about 4:40pm tenant Danelle Scoggins and another tenant where in the middle of the parking lot arguing and blocking other vehicles from passing through and causing a nuisance

WITHIN THREE DAYS after the service on you of this Notice, you are hereby required to perform or otherwise comply with the above-mentioned condition and/or covenant OR QUIT AND DELIVER THE POSSESSION OF THE PREMISES.

If you fail to perform or otherwise comply, Owner/Agent declares the forfeiture of your Rental/Lease Agreement and will institute legal proceedings to obtain possession. Such proceedings could result in a judgment against you, which may include attorneys' fees and court costs as allowed by law, and an additional punitive award of six hundred dollars (\$600) in accordance with California law. If you fail to fulfill the terms of your credit obligations, a negative credit report may be submitted to a credit reporting agency.

Date
10-8-15
Date

Clara Celani
Owner/Agent Clara Celani, Asst. Manager

*After they New
I Will Bring Charges
against*



California Apartment Association Approved Form
www.caanet.org
Form 11.0 - Revised 1/07 - ©2007 - All Rights Reserved
Page 1 of 1

Unauthorized Reproduction
of Blank Forms is Illegal.





www.fresnohousing.org

937 Klette Avenue, Fresno, California 93706 (559) 443-8400 TTY (800) 735-2929

DANELLE SCOGGINS
4754 E ALAMOS APT 202
FRESNO CA 93726

3/14/2016

Per your request your canceled application was reviewed and based on the information you provided, your application will remain active and the eligibility process will continue. You will be contacted based on the last point of your application process to determine if you meet all other eligibility requirements.

Should you have any questions or concerns, please feel free to contact me at (559) 445-8995.

Sincerely,

A handwritten signature in cursive script that appears to read "Geneva Williams".

Geneva Williams
Supervisor
Housing Management Division

April 13, 2016

Fresno City & County Civil Court
O Street
Fresno, CA 93726

To Whom It May Concern:

RE: Case # 15CESCO2369

After much research we found out on the above date, that when Fresno Civil Court was to give Ms. Denelle Scoggins the Fee Waiver, they fail to inform Ms. Scoggins that the Fee Waiver was to also include L.A. Sheriff, Dept. Serving of the Summons, Complaint to Warren Property INC, located at 818 W. 14th Suite 930, Los Angeles, CA. She was told that she had to go to Los Angeles where she would have to pay \$40.00 to the L.A. Sheriff Dept, before they could serve the summons - for them to appear in Court, therefore that have not been served, and my Court date is scheduled for April 14, 2016, and Fresno Civil Court will not re-schedule my Court date. Therefore time is here, and I will appear, even though I have endured many disappointing moments. Please note the following two pages.

-2-

Danelle Scoggi

Even though the managers at the Apartment Complex knew that Danelle really didn't know how to file a claim, they use her lack of knowledge to their advantage.

This is when the moving from one apartment to another, in the same Apartment Complex, began. She move approximate 6 times, because each apartment was infested with more Mole, Meldew, Termites, ~~Roches~~ roaches, and mice and even rats.

This time Isaac, as well as Danelle also began to get sick, and they two had to go to the doctor many times.

I know these things because I would visit her occasionally, after all she is my grand daughter. She would tell me some things, however, I would notice a lot things in each apartment that needed to be repaired, or exterminated. She became so stress out.

Danelle Scoggins

She never missed paying her rent, but to be honest with you, I wonder why she didn't move completely out of that complex, she told me that she was waiting for low cost housing, because they would not rent to people in need of low cost housing or section eight, therefore she would move from apartment to apartment in that same complex, and in each apartment she would continue to move into more infestation, wow it's really bad.

The family has convinced her to get out, however she -Danelle feels that she should be compensated for the sickness that both of her sons have had due to the devastating, overwhelming infestation of each apartment that she lived in. Enough is enough.

Your assistance in this matter will be very much appreciated. Thank you.

Respectfully Submitted
Gloria Austin

Note: Please see photos of apartments and the many doctors notes of treatments and hospitalizations.

THREE (3) DAY NOTICE TO PERFORM COVENANTS OF LEASE OR QUIT

To Danelle Scoggins, tenant in possession of premises located at 3044 N. Fruit Avenue, Apartment P, Fresno, California 93705:

You are in breach of the Rental and Security Deposit Agreement and Tenant Participation Agreement between you and Turning Point of Central California, Inc. dated April 2, 2019 and June 6, 2017, respectively, in that (1) you have changed the lock on your front door; and (2) you have refused to allow access to the apartment to make necessary repairs.

Within three (3) days after service of this notice, you must correct and perform all of the foregoing breached covenants by either providing the undersigned Program Director with a copy of the key to the new front door lock or put back the original lock on the front door, and allow access to the apartment so that necessary repairs can be made, or deliver possession of the premises to the undersigned.

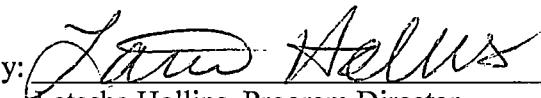
Your failure to correct and perform the covenants breached as specified above, or vacate the premises, within three (3) days, will cause the undersigned to initiate legal proceedings against you to declare a forfeiture of your Rental Agreement, to recover possession of the premises, and to seek judgment for damages for each day of occupancy after the expiration date of this notice, together with any other damages to which the undersigned is entitled under the Rental Agreement and/or applicable law.

You are further notified that the undersigned elects to declare the forfeiture of the Rental Agreement under which you hold possession of the premises, if you fail to perform as indicated above.

You are hereby advised that California State law permits former tenants to reclaim abandoned personal property left at the former address of the tenant, subject to certain conditions. You may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner you contact your former landlord after being notified that property belonging to you was left behind after you moved out.

Date: 7/24/19

Turning Point of Central California, Inc.

By: 
Latasha Hollins, Program Director

THREE (3) DAY NOTICE TO PERFORM COVENANTS OF LEASE OR QUIT

To Danelle Scoggins, tenant in possession of premises located at 3044 N. Fruit Avenue, Apartment P, Fresno, California 93705:

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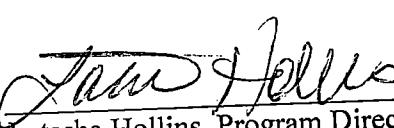
Your failure to correct and perform the covenants breached as specified above, or vacate the premises, within three (3) days, will cause the undersigned to initiate legal proceedings against you to declare a forfeiture of your Rental Agreement, to recover possession of the premises, and to seek judgment for damages for each day of occupancy after the expiration date of this notice, together with any other damages to which the undersigned is entitled under the Rental Agreement and/or applicable law.

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Date: 7/24/19

Turning Point of Central California, Inc.

By: 
Latasha Hollins, Program Director

TO: Danelle Scoggins

June 20, 2019

FROM: Latasha Hollins, Program Director

RE: Violation of Tenant Participation Agreement

It has been brought to my attention that the locks on your front door has been change from the original locks. Per your tenant participation agreement you signed on 10/28/16, states "I agree not to change the lock on the front door". You are currently in violation as you did not receive permission to change your locks. You have 3-days to return the original locks or give our office a key of the current locks.

If you do not adhere to the participation agreement you signed, we will be forced to move forward with a 30-day notice. Please review your agreements you signed to ensure you follow program rule/expectations.

Sincerely,

Latasha Hollins, Program Director



"To Serve People in Need"

4415 N. Clark St. #1

Fresno, CA 93726

(559) 248-9445

TO: Danielle Scoggins

FROM: Sabrina De Leon, TPOCC

RE: Housing Contract

March 19, 2019

This letter serves as your Housing contract; after speaking with you about your recent disregard for the projects Policies and Procedures all parties agree that being placed on this contract was the best option since you declined to move complex's and in order for you to continue participating in the Falcon Court Permanent Supportive Housing Project. Your continued housing is now contingent on you adhering to the Policies and Procedure that are set forth for this project and include those that you were in violation of previously.

The following are the requirements for you to continue your stay with this project. You must abide by all Housing Guidelines that were presented to you and that you signed upon move in to this project on 10/28/2016. This includes but is not limited to following:

I agree to respect the privacy of the other residents

I agree not to disturb the neighbors with loud music and/or television

I agree to stay medication compliant

I agree to attend all Mental Health wellness appointments (must sign an ROI at DBH Metro)

I agreed to attend three groups per week at the Department of Behavioral Health; Metro (must show proof)

I agree to attend all required office visits with my Case Manager

I agree to be present for all required Home Visits

I agree to cooperate with staff

I agree not to allow anyone to live in my unit who is not listed on my Rental Agreement

It is understood by all parties that if this contract is not adhered to that you will be asked to exit this housing project.

Program Director

Case Manager

Client

Date 3/19/19

Date 3/19/2019

Date _____

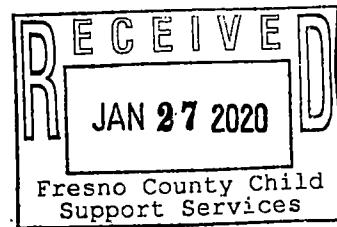
Case 1:20-cv-00140-DAD-SAB Document 1 Filed 01/28/20 Page 24 of 67

Participant Disbursement Instruction List

Participant: SCOGGINS, DANELL RENEE - 0190000205315 | SSN: 559-69-3478 | DOB: 12/07/1981

Disbursement Instruction List

Date Transmitted ▼	Method	Check / Trace Number	Amount (\$)	Date Originated	Date Paid	Status
01/24/2020	ELECTRONIC PAYMENT CARD		\$ 10.00			TRANSMITTED
01/21/2020	ELECTRONIC PAYMENT CARD	091000010008146	\$ 62.36	01/22/2020		ISSUED
01/06/2020	ELECTRONIC PAYMENT CARD	091000010006962	\$ 50.00	01/07/2020		ISSUED
12/23/2019	ELECTRONIC PAYMENT CARD	091000010000280	\$ 62.36	12/24/2019		ISSUED
12/09/2019	ELECTRONIC PAYMENT CARD	091000010006977	\$ 18.18	12/10/2019		ISSUED
12/05/2019	ELECTRONIC PAYMENT CARD	091000010006402	\$ 31.82	12/06/2019		ISSUED
11/25/2019	ELECTRONIC PAYMENT CARD	091000010001462	\$ 62.36	11/26/2019		ISSUED
11/12/2019	ELECTRONIC PAYMENT CARD	091000010004021	\$ 50.00	11/13/2019		ISSUED
10/28/2019	ELECTRONIC PAYMENT CARD	091000010013633	\$ 29.52	10/29/2019		ISSUED
10/02/2019	ELECTRONIC PAYMENT CARD	091000010000437	\$ 50.00	10/03/2019		ISSUED
09/16/2019	ELECTRONIC PAYMENT CARD	091000010009995	\$ 74.81	09/17/2019		ISSUED
09/11/2019	ELECTRONIC PAYMENT CARD	091000010010655	\$ 1,021.64	09/12/2019		ISSUED
09/03/2019	ELECTRONIC PAYMENT CARD	091000010003205	\$ 17.21	09/04/2019		ISSUED
08/19/2019	ELECTRONIC PAYMENT CARD	091000010009664	\$ 104.79	08/20/2019		ISSUED
07/31/2019	ELECTRONIC PAYMENT CARD	091000010002190	\$ 120.00	08/01/2019		ISSUED
07/22/2019	ELECTRONIC PAYMENT CARD	091000010010146	\$ 48.87	07/23/2019		ISSUED
07/09/2019	ELECTRONIC PAYMENT CARD	091000010000539	\$ 104.20	07/10/2019		ISSUED

Records 1 - 20 [next](#)



Department of Social Services
Delfino E. Neira, Director

Income Grant Verification

Date run: 1/27/2020

Danelle Scoggins
3044 N Fruit APT P
Fresno CA 93705

Report for Month(s) Between 201902 and 202001

Household Composition

First Name	MI	Last Name	Suffix
Danelle	R	Scoggins	
Isaac		Scoggins	
Shawn	R	William	

CalFresh Program Status

Case Number	Program Status	Date
B918362	Program is Approved:	10/18/2011

CalWORKs Program Status

Case Number	Program Status	Date
B918362	Program is Discontinued:	02/29/2020

CalFresh Issuance Amount

	Payment Month	Issuance Amount
Last Month Received	202001	\$361.00
	201912	\$312.00
	201911	\$312.00
	201910	\$312.00
	201909	\$413.00
	201908	\$413.00
	201907	\$413.00
	201906	\$413.00
	201905	\$413.00
	201904	\$505.00
	201903	\$437.00
	201902	\$437.00

CalWORKs Issuance Amount

	Payment Month	Issuance Amount
Last Month Received	202001	\$576.00
	201912	\$685.00
	201911	\$638.00
	201910	\$732.00
	201909	\$597.00
	201908	\$597.00
	201907	\$597.00
	201906	\$597.00
	201905	\$597.00
	201904	\$597.00
	201903	\$542.00
	201902	\$542.00



NOTICE OF SEX OFFENDER REGISTRATION REQUIREMENT
Sex Offender Registration Act – Penal Code (PC) Sections. (§§) 290–290.024 and 290.01

NAME OF PERSON NOTIFIED	Last SCOGGINS	First DANELLE	Middle	CII NUMBER (SID) A25317346	DATE 12/3/19
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Privacy Notice
As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division of the Department of Justice (DOJ) collects the information requested on this form as authorized by PC §§ 290–290.023 and 290.01. The CJIS Division uses this information to register a sex offender as mandated by law. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to register a sex offender as mandated by law, we may need to share the information you give us with law enforcement agencies.

The information you provide may also be disclosed in the following circumstances:

- On the public Megan's Law website pursuant to PC § 290.46;
- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes; and
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or information on your registrant records, you may contact the California Sex Offender Registry manager by phone at (916) 210-3113, by e-mail at MegansLaw@doj.ca.gov, or via mail at:

The Department of Justice
California Sex Offender Registry
P.O. Box 903387
Sacramento, CA 94203-3870

I have been notified of my duty to register as a sex offender pursuant to PC §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 2 and 3 of this form.

I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate.

I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand refusing to sign this form is also punishable as a criminal offense. I have read and understand the Privacy Notice as required by Civil Code § 1798.17

SIGNATURE OF REGISTRANT

12-3-19

DATE

Please return this completed form to:

California Department of Justice
ATTN: California Sex Offender Registry
P.O. Box 903387
Sacramento, CA 94203-3870

(Note: This is not a registration form. Use the CJIS 8102S form for registration purposes)



NOTICE OF SEX OFFENDER REGISTRATION REQUIREMENT
Sex Offender Registration Act – Penal Code (PC) Sections (§§) 290–290.024 and 290.01

NAME OF PERSON NOTIFIED	Last	First	Middle	CII NUMBER (SID)	DATE
SCOGGINS		DANELLE		A25317346	12/3/19

REGISTRATION REQUIREMENTS - REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

13. D.S. If I have more than one residence address at which I regularly reside (regardless of the number of days or nights I spend at each address), I must register in person, within five (5) working days at each address with the law enforcement agency having jurisdiction over each residence. If I no longer reside at the registered address, I must inform in person, the registering agency having jurisdiction over that address within five (5) working days before or after I leave. (PC § 290.010)
14. D.S. If I reside or am a transient on a University of California, California State University, or community college campus, I must register in person, within five (5) working days with the local law enforcement agency having jurisdiction over the campus and additionally with the campus police. (PC § 290, 290.011)
15. D.S. If I am enrolled or employed (with or without compensation) at an institution of higher learning, I must register within five (5) working days of commencement of the term of enrollment or employment, with the campus police department, or if no campus police department exists, with the law enforcement agency having jurisdiction over that campus. I must also register in person with the law enforcement agency having jurisdiction over my place of residence or transient location. When I cease being enrolled or employed at that institution, I must notify the registering agency for the campus within five (5) working days. (PC § 290.009, 290.01)
16. D.S. Campus registration must be in person unless I am enrolled in an online course which does not require my presence at an institution of higher learning in California. I must register for online courses by mailing the DOJ Online Course Registration Form to the campus police department, or if no campus police department exists, to the law enforcement agency having jurisdiction over that campus, within five (5) working days of commencement of my term of enrollment. When I cease being enrolled at that institution, I must notify the registering agency for the campus within five (5) working days. (PC § 290.009, 290.01) The Online Course Registration Form is available at: www.oag.ca.gov.
17. D.S. I understand that if I wish to come into any school building or upon any school ground (grades K-12), I must have a lawful purpose and written permission from the school's chief administrative officer indicating the date(s) and time(s) for which permission has been granted. (PC § 626.81)
18. D.S. If I live outside of California and I am required to register in that state and I attend school or am employed in California, I must register in person with the law enforcement agency having jurisdiction over my school or employment location within five (5) working days of beginning attendance or becoming employed, in addition to registering in my state of residence. (PC § 290.002)
19. D.S. I must provide proof of residence to the registering agency within thirty (30) days of registration or re-registration at a new residence address. (PC § 290.015)
20. D.S. If I am on parole or probation, I must provide proof of registration to my parole agent or probation officer within six (6) working days of release on parole or probation and proof of any change or update to my registration within five (5) working days. (PC § 290.85)
21. D.S. If I change my name I must notify in person, within five (5) working days, the law enforcement agency or agencies having jurisdiction over my place of residence or place where I am required to register as a transient. (PC § 290.014)
22. D.S. I understand I am required to submit DNA samples, as well as fingerprints and full palm prints. (PC § 296, 296.2)
23. D.S. If I accept a position as an employee or volunteer with any person, group, or organization where I would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children, I shall disclose my status as a registrant, upon application or acceptance of a position, to that person, group, or organization. If I have been convicted of a crime where the victim was a minor under 16 years of age, I shall not be an employer, employee, independent contractor, or act as a volunteer with any person, group, or organization in a capacity in which the registrant would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children. If I work in an accompanied setting with minor children, and my work would require me to touch the minor children on more than incidental basis, I shall disclose my status as a registrant, upon application or acceptance of the position, to that person, group, or organization. (PC § 290.95)

COMMENTS



NOTICE OF SEX OFFENDER REGISTRATION REQUIREMENT

Sex Offender Registration Act – Penal Code (PC) Sections (§§) 290–290.024 and 290.01

NAME OF PERSON NOTIFIED	Last	First	Middle	CII NUMBER (SID)	DATE
	SCOOGINS	DANELLE		A25317346	12/3/19

REGISTRATION REQUIREMENTS - REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

1. DS My responsibility to register as a sex offender in California is a lifetime requirement, except as provided in PC § 290.005, PC § 290.5 or by court order.
2. DS I must register in person, if I have never registered, within five (5) working days of 1) coming into California, or 2) release from incarceration, placement, commitment, or release on probation, with the law enforcement agency having jurisdiction over my place(s) of residence or where I am physically present as a transient. (PC § 290)
3. DS I must re-register in person, if I have previously registered, within five (5) working days after release from incarceration, placement, or commitment that lasted thirty (30) or more days, or within five (5) working days after release on probation. I do not have to re-register after release if I was incarcerated for less than thirty (30) days and I return to the last registered address, and the update of registration that is required to occur within five (5) working days before or after my birthday did not fall within that incarceration period. (PC § 290.015)
4. DS I must annually update my registration information in person, within five (5) working days before or after my birthday, at the law enforcement agency having jurisdiction over my residence address or where I am currently present as a transient. Annual updates begin with my first birthday following registration or change of address. (PC § 290.012)
5. DS Upon coming into, or when changing my residence address within a city and/or county in which I am residing, I must register or re-register in person, within five (5) working days, with the law enforcement agency having jurisdiction over my residence. (PC § 290, 290.013)
6. DS If I change my registered address to a new address, either within the same jurisdiction or anywhere inside or outside of the state, I must inform the last registering agency or agencies in person within five (5) working days before or after I leave. If I do not know my new residence address or transient location I must later notify, by registered or certified mail, the last registering agency or agencies of the new address or transient location within five (5) working days of moving to the new address or location. (PC § 290.013)
7. DS If I am registered at a residence address and become transient, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction where I am physically present as a transient. (PC § 290.011)
8. DS If I am registered as a transient and move to a residence, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction over the new address. (PC § 290.011)
9. DS If I have no residence address, I must register in person in the jurisdiction where I am physically present as a transient within five (5) working days of becoming transient. Thereafter, I must update my registration information in person no less than once every thirty (30) days with the law enforcement agency having jurisdiction over the place where I am physically present as a transient on the day I re-register. I do not need to report changes of transient location within the 30-day period unless I move out of state. I must also comply with the annual requirement to update my registration. (PC § 290.011)
10. DS If I am registered as a transient and I am moving out of state, I must inform the law enforcement agency having jurisdiction over the place where I was physically present as a transient, in person, within five (5) working days before or after I leave. I must also inform the law enforcement agency of my planned destination, residence, or transient location out of state, if known, and any plans to return to California. (PC § 290.011)
11. DS If I move outside of California, I am required by federal law to register in the new state within three (3) working days.
12. DS If I have ever been committed as a sexually violent predator, I must update my registration information in person, no less than once every ninety (90) days with the law enforcement agency having jurisdiction over my residence or transient location. I must also comply with the annual requirement to update my registration in person. (PC § 290.001, 290.012)

DEFINITION: "Residence" means one or more addresses at which a person regularly resides, regardless of the number of days or nights spent there, such as a shelter or structure that can be located by a street address, including, but not limited to, houses, apartment buildings, motels, hotels, homeless shelters, and recreational and other vehicles.



NOTICE OF SEX OFFENDER REGISTRATION REQUIREMENT

Sex Offender Registration Act – Penal Code (PC) Sections (§§) 290–290.024 and 290.01

PLEASE FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS:

- Print or type required information and submit form to the Department of Justice (DOJ) within three (3) business days.
- Submit a current photograph of the registrant. Photographs must be electronically submitted by using the DOJ Image System (<https://calphoto.ext.doj.ca.gov/>).
- Have the registrant read and initial the registration requirements on page two of this form.
- Verify the registrant understands the requirements.
- Provide a copy of this form to the person being notified of registration requirements.

PERSONAL INFORMATION	Full Name of Person Notified							
	Last SCOGGINS		First DANELLE			Middle		Suffix
	Date of Birth 12/07/1981	CII Number (SID) A25317346	Social Security Number 559-69-3478		FBI Number 849631DC3		Institution Number X22485	
	Driver's License/I.D. Number B9462522 CA		Sex FEMALE	Race BLACK	Hair Color BLACK	Eye Color BROWN	Height 507	Weight 210
	SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS		Location		Description		Picture	Text
	Arresting Agency CAPD FRESNO		Date of Arrest 02/27/2004	Prosecuting Agency FRESNO CO D.A.			Name of Court CASC FRESNO	
	Registrable Conviction 288(A) PC		<input type="checkbox"/> Misdemeanor	<input checked="" type="checkbox"/> Felony	Conviction Date 05/04/2004		Case Number F04901460-6	
	Type of Conviction, if Other than California <input type="checkbox"/> Out of state <input type="checkbox"/> Federal <input type="checkbox"/> Military		Date of Scheduled Discharge or Release			Date Parole or Probation Expires		
	Full Address Where I Expect to Reside Upon Release 3044 N FRUIT AV, FRESNO, CA 93705							
RELEASE INFORMATION	Related Address (Emergency Contact)			I Plan to Reside Outside of California Within Five Days of My Release <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name of Agency Supervising Parole or Probation		Name of Supervising Parole or Probation Officer					
	Parole/Probation Agency Address		City		State	Zip Code	Telephone Number	
	Notifying Agency FRESNO POLICE DEPT		ORI CA0100500		Mnemonic FRF0		Telephone Number 559-600-8068	
	Agency Address 2321 MARIPOSA MALL		City FRESNO	State CA	Zip Code 93721	Notifying Agency E-Mail Address		
	I certify that I notified the individual described above of his or her duty to register under provisions of the applicable statute(s), and I verified the individual understands the registration requirements.							
	Douglas Tello		Signature of Notifying Officer					
STATEMENT OF PERSON NOTIFIED	I have been notified of my duty to register as a sex offender pursuant to PC §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 2 and 3 of this form. I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate. I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand refusing to sign this form is also punishable as a criminal offense.							
	(Note: This form does not complete your duty to register. Upon release from incarceration or release onto probation, you must register in person within five (5) working days to complete the registration process.)							
	Danelle Scoggins							
Signature of Person Being Notified								
12-3-19								
Date								
Registrator Rolled Right Thumbprint - If amputated, use next available finger								



**SEX OFFENDER REGISTRATION
CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE**

Sex Offender Registration Act – Penal Code (PC) Sections (§§) 290–290.024 and 290.01

NAME OF PERSON NOTIFIED	Last	First	Middle	CII NUMBER (SID)	DATE
	SCOGGINS	DANELLE		A25317346	12/03/2019

REGISTRATION REQUIREMENTS - REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

21. If I change my name I must notify in person, within five (5) working days, the law enforcement agency or agencies having jurisdiction over my place of residence or place where I am required to register as a transient. (PC, § 290.014)
22. I understand I am required to submit DNA samples, as well as fingerprints and full palm prints. (PC, §§ 296, 296.2)
23. If I accept a position as an employee or volunteer with any person, group, or organization where I would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children, I shall disclose my status as a registrant, upon application or acceptance of a position, to that person, group, or organization. If I have been convicted of a crime where the victim was a minor under 16 years of age, I shall not be an employer, employee, independent contractor, or act as a volunteer with any person, group, or organization in a capacity in which the registrant would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children. If I work in an accompanied setting with minor children, and my work would require me to touch the minor children on more than an incidental basis, I shall disclose my status as a registrant, upon application or acceptance of the position, to that person, group, or organization. (PC, § 290.95)

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by PC §§ 290–290.023 and 290.01. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. Please contact the local law enforcement agency where you registered if you wish to review the personal information collected on this form, as permitted by the Information Practices Act.

Possible Disclosure of Personal Information. The local law enforcement agency where you registered is required by law to enter this information into the California Sex and Arson Registry (CSAR). Additionally, the California Sex Offender Registry is required by law to provide the information in CSAR to other law enforcement agencies.

The information you provide may also be disclosed in the following circumstances:

- On the public Megan's Law website pursuant to PC § 290.46;
- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

I have been notified of my duty to register as a sex offender pursuant to PC §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of this form. I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate. I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand refusing to sign this form is also punishable as a criminal offense. I have read and understand the Privacy Notice as required by Civil Code § 1798.17.

Rolled Right Thumbprint -
If amputated, use next
available finger



SIGNATURE OF REGISTRANT

12-3-19

DATE



STATE OF CALIFORNIA
CJIS 8102S
(Rev. 01/2019)

SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

Sex Offender Registration Act - Penal Code (PC) Sections (§§) 290, 290.024 and 290.01

NAME OF REGISTRANT	Last:	First:	Middle:	CII NUMBER (SID)	DATE
	SCOGGINS		DANELLE	A25317346	12/03/2019

REGISTRATION REQUIREMENTS - REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

12. If I have ever been committed as a sexually violent predator, I must update my registration information in person, no less than once every 90 days with the law enforcement agency having jurisdiction over my residence or transient location. I must also comply with the annual requirement to update my registration in person. (PC §§ 290.001, 290.012)
13. If I have more than one residence address at which I regularly reside (regardless of the number of days or nights I spend at each address), I must register in person, within five (5) working days at each address with the law enforcement agency having jurisdiction over each residence. If I no longer reside at a registered address, I must inform in person, the registering agency having jurisdiction over that address within five (5) working days before or after I leave. (PC, § 290.010)
14. If I reside or am a transient on a University of California, California State University, or community college campus, I must register in person, within five (5) working days with the local law enforcement agency having jurisdiction over the campus and additionally with the campus police. (PC, §§ 290, 290.011)
15. If I am enrolled or employed (with or without compensation) at an institution of higher learning, I must register within five (5) working days of commencement of the term of enrollment or employment, with the campus police department or if no campus police department exists, with the law enforcement agency having jurisdiction over that campus. I must also register in person with the law enforcement agency having jurisdiction over my place of residence or transient location. When I cease being enrolled or employed at that institution, I must notify the registering agency for the campus within five (5) working days. (PC, §§ 290.009, 290.01)
16. Campus registration must be in person unless I am enrolled in an online course which does not require my presence at an institution of higher learning in California. I must register for online courses by mailing the Department of Justice Online Course Registration Form to the campus police department, or if no campus police department exists, to the law enforcement agency having jurisdiction over that campus, within five (5) working days of commencement of my term of enrollment. When I cease being enrolled at that institution, I must notify the registering agency for the campus within five (5) working days. (PC, §§ 290.009, 290.01) The DOJ Online Course Registration Form is available at: www.oag.ca.gov.
17. I understand that if I wish to come into any school building or upon any school ground (grades K-12), I must have a lawful purpose and written permission from the school's chief administrative officer indicating the date(s) and time(s) for which permission has been granted. (PC, § 626.81)
18. If I live outside of California and I am required to register in that state and I attend school or am employed in California, I must register in person with the law enforcement agency having jurisdiction over my school or employment location within five (5) working days of beginning attendance or becoming employed, in addition to registering in my state of residence. (PC, § 290.002)
19. I must provide proof of residence to the registering agency within 30 days of registration or re-registration at a new residence address. (PC, § 290.015)
20. If I am on parole or probation, I must provide proof of registration to my parole agent or probation officer within six (6) working days of release on parole or probation and proof of any change or update to my registration within five (5) working days. (PC, § 290.85)

REGISTRATION REQUIREMENTS CONTINUE ON PAGE 5

I have been notified of my duty to register as a sex offender pursuant to PC §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of this form. I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate. I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand refusing to sign this form is also punishable as a criminal offense.

Registrant Rolled Right Thumbprint
If amputated, use next
available finger.




SIGNATURE OF REGISTRANT

12-3-19

DATE



**SEX OFFENDER REGISTRATION
CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE**

Sex Offender Registration Act – Penal Code (PC) Sections (§§) 290–290.024 and 290.01

NAME OF REGISTRANT	Last	First	Middle	CII NUMBER (SID)	DATE
SCOGGINS		DANELLE		A25317346	12/03/2019

REGISTRATION REQUIREMENTS - REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

1. My responsibility to register as a sex offender in California is a lifetime requirement, except as provided in PC, § 290.005, PC, § 290.5, or by court order.
2. I must register in person, if I have never registered, within five (5) working days of: 1) coming into California, or 2) release from incarceration, placement, commitment, or release on probation, with the law enforcement agency having jurisdiction over my place(s) of residence or where I am physically present as a transient. (PC, § 290)
3. I must re-register in person, if I have previously registered, within five (5) working days, after release from incarceration, placement, or commitment that lasted 30 or more days, or within five (5) working days after release on probation. I do not have to re-register after release if I was incarcerated for less than 30 days, and I return to the last registered address, and the update of registration that is required to occur within five (5) working days before or after my birthday did not fall within that incarceration period. (PC, § 290.015)
4. I must annually update my registration information in person, within five (5) working days before or after my birthday, at the law enforcement agency having jurisdiction over my residence address or where I am currently present as a transient. Annual updates begin with my first birthday following registration or change of address. (PC, § 290.012)
5. Upon coming into, or when changing my residence address within a city and/or county in which I am residing, I must register or re-register in person, within five (5) working days, with the law enforcement agency having jurisdiction over my residence. (PC, §§ 290, 290.013)
6. If I change my registered address to a new address, either within the same jurisdiction or anywhere inside or outside of the state, I must inform the last registering agency or agencies in person within five (5) working days before or after I leave. If I do not know my new residence address or transient location I must later notify, by registered or certified mail, the last registering agency or agencies of the new address or transient location with five (5) working days of moving to the new address or location. (PC, § 290.013)
7. If I am registered at a residence address and become transient, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction where I am physically present as a transient. (PC, § 290.011)
8. If I am registered as a transient and move to a residence, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction over the new address. (PC, § 290.011)
9. If I have no residence address, I must register in person in the jurisdiction where I am physically present as a transient within five (5) working days of becoming transient. Thereafter, I must update my registration information in person no less than once every 30 days with the law enforcement agency having jurisdiction over the place where I am physically present as a transient on the day I re-register. I do not need to report changes of transient location within the 30-day period unless I move out of state. I must also comply with the annual requirement to update my registration. (PC, § 290.011)
10. If I am registered as a transient and I am moving out of state, I must inform the law enforcement agency having jurisdiction over the place where I was physically present as a transient, in person, within five (5) working days before or after I leave. I must also inform the law enforcement agency of my planned destination, residence, or transient location out of state, if known, and any plans to return to California. (PC, § 290.011)
11. If I move outside of California, I am required by federal law to register in the new state within three (3) working days.

REGISTRATION REQUIREMENTS CONTINUE ON PAGE 4

I have been notified of my duty to register as a sex offender pursuant to PC §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of this form. I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate. I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand refusing to sign this form is also punishable as a criminal offense.

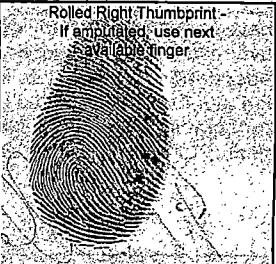


SIGNATURE OF REGISTRANT

12-3-19

DATE

Rolled Right Thumbprint -
If emplotted, use next
available finger.





STATE OF CALIFORNIA
CJIS 8102S
(Rev. 01/2019)

SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE Sex Offender Registration Act - Penal Code (PC) Sections (§§) 290-290.024 and 290.01

NAME OF REGISTRANT	Last	First	Middle	CII NUMBER (SID)	DATE		
SCOGGINS		DANELLE		A25317346	12/03/2019		
RELATED ADDRESS (e.g., Mailing, Emergency Contact)	Street Number and Name	Apt./Unit Number	City	State	Zip Code		
STATES NONE.							
RELATED ADDRESS TYPE	NAME OF EMERGENCY CONTACT (If emergency contact is checked)			RELATIONSHIP TO EMERGENCY CONTACT (e.g., Mother, Father)			
<input type="checkbox"/> Mailing <input type="checkbox"/> GPS Charging Location	<input type="checkbox"/> Emergency Contact	<i>FATHER, also (SA) 298-604B (Mom)</i>					
RELATED ADDRESS (e.g., Mailing, Emergency Contact)	Street Number and Name	Apt./Unit Number	City	State	Zip Code		
RELATED ADDRESS TYPE	NAME OF EMERGENCY CONTACT (If emergency contact is checked)			RELATIONSHIP TO EMERGENCY CONTACT (e.g., Mother, Father)			
<input type="checkbox"/> Mailing <input type="checkbox"/> GPS Charging Location	<input type="checkbox"/> Emergency Contact						
OCCUPATION	EMPLOYER'S NAME			DATE CURRENT EMPLOYMENT BEGAN			
UNEMPLOYED							
EMPLOYER'S ADDRESS	Street Number and Name	Suite/Unit Number	City	State	Zip Code		
WORK ADDRESS (If different than Employer's Address)	Street Number and Name	Suite/Unit Number	City	State	Zip Code		
REGISTERING AGENCY (Do Not Abbreviate)	REGISTERING OFFICER'S NAME AND TITLE						
FRESNO POLICE DEPT	<i>TELLO/ESTRADA/SKAGGS</i>						
REGISTERING AGENCY'S E-MAIL ADDRESS	PHONE NUMBER	ORI	Mnemonic	DNA COLLECTED?			
	559-600-8068	CA0100500	FRF0	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
PROBATION/PAROLE OFFICER	PHONE NUMBER						
NONE							
COMMENTS (Include additional, new or modified: Scars, Marks, Tattoos, and Other Characteristics)							
ADDRESS/RESIDENCE DEFINITIONS: ADDRESS - Address at which I regularly reside, regardless of the number of days or nights spent there. ADDITIONAL ADDRESS - Additional address at which I regularly reside, regardless of the number of days or nights spent there. RELATED ADDRESS - Address of a relative or other person who is likely to know how to contact me. EMPLOYER'S NAME/ADDRESS - The name and address of my employer (e.g., company, individual, entity), and the address of that employer. WORK ADDRESS - The address at which I work. RESIDENCE - One or more addresses at which I regularly reside, regardless of the number of days or nights spent there, such as a shelter or structure that can be located by a street address, including, but not limited to, houses, apartment buildings, motels, hotels, homeless shelters, and recreational and other vehicles. HAS YOUR VEHICLE INFORMATION CHANGED SINCE YOUR LAST REGISTRATION? IF SO, PLEASE PROVIDE THE UPDATED VEHICLE INFORMATION BELOW. HAVE YOU SOLD OR STOPPED REGULARLY DRIVING A VEHICLE SINCE YOUR LAST REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO							
VEHICLE #1		VEHICLES OWNED, REGISTERED, OR REGULARLY DRIVEN			VEHICLE #2		
<input checked="" type="checkbox"/> Registered Owner	<input type="checkbox"/> Regularly Driven				<input type="checkbox"/> Registered Owner	<input type="checkbox"/> Regularly Driven	
VEHICLE (#1) IDENTIFICATION NUMBER (VIN)			VEHICLE (#2) IDENTIFICATION NUMBER (VIN)				
LICENSE PLATE NUMBER #1:	STATE	TYPE	YEAR OF EXPIRATION	LICENSE PLATE NUMBER #2	STATE	TYPE	YEAR OF EXPIRATION
7ZUG516	CA						
VEHICLE YEAR	MAKE	MODEL	STYLE/COLOR	VEHICLE YEAR	MAKE	MODEL	STYLE/COLOR
1991	ACURA	LEGEND	2DR/SILVER				
END DATE	MAKE		MODEL				
 Registar ROLLED Right Thumbprint - If amputated, use next available finger							
SIGNATURE OF REGISTRANT				DATE			
12-3-19							
DISTRIBUTION: Original to Registering Agency; Copy to Person Registering							



SEX OFFENDER REGISTRATION

CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

Sex Offender Registration Act – Penal Code (PC) Sections (§§ 290–290.024 and 290.01)

PLEASE FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS:

- Print or type required information and submit to the Department of Justice (DOJ) within three (3) business days.
- Submit a current photograph of the registrant. Photographs must be electronically submitted by using the DOJ Image System (<https://calphoto.ext.doj.ca.gov/>).
- Have the registrant read and initial the registration requirements on pages 3, 4, and 5 of this form.
- Verify the registrant understands the requirements.
- Provide a copy of this form to the registrant as a receipt.

FACILITY TYPE (Enter alpha code in Facility Type field):

Day Care Center	DC
Family Child Care Home	FCH
Group Home	GH
Foster Home	FH
Adult Day Care	AD
Sober Living Home	SLH
Elderly Care Home	ECH

REASON FOR REGISTRATION (More than one box can be checked):

ANNUAL 30 DAY (TRANSIENT) 90 DAY (SVP) CHANGE OF ADDRESS OTHER (e.g., Initial, Additional Address)

REGISTRATION EVENT (More than one box can be checked):

<input type="checkbox"/> INITIAL (1st 8102S in CSAR)
<input type="checkbox"/> Residence
<input type="checkbox"/> Campus (Attending, Employed, Volunteer)
<input type="checkbox"/> Employment (Out of state resident employed in CA)
<input type="checkbox"/> Transient
<input type="checkbox"/> ADDITIONAL ADDRESS (Concurrent)
<input type="checkbox"/> Residence
<input type="checkbox"/> Campus (Attending, Employed, Volunteer)
<input type="checkbox"/> Employment (Out of state resident employed in CA)
<input checked="" type="checkbox"/> UPDATE (No Change in Registration Address)

REGISTRANT HAS MOVED/CHANGE OF ADDRESS:
 INTO JURISDICTION
 OUT OF JURISDICTION FROM OUT-OF STATE
 WITHIN JURISDICTION
 OUT OF JURISDICTION
 OUT OF STATE
 INACTIVATE ADDRESS - Registrant has more than one registered address, list address registrant is vacating in the space below:

ABSCONDED (LEA has verified whereabouts unknown)
 DEPORTATION
 INCARCERATION
 CDCR LOCAL FED INC Date:
 DJJ DSH/DDS ICE

DECEASED (Check verification source and attach document):
 Coroner Medical Examiner Death Certificate
 Other (Specify below and attach document)

FULL NAME OF REGISTRANT	Last: SCOGGINS	First: DANIELLE	Middle:	Suffix:	
ALIASES:	DATE OF BIRTH: 12/07/1981	CII NUMBER (SID): A25317346	DRIVER'S LICENSE/I.D. NUMBER: B9462522	STATE: CA	EXPIRATION DATE: 2023
FCN NUMBER: 1710412817827	SOCIAL SECURITY NUMBER: 559-69-3478	INSTITUTION NUMBER (CDCR, DJJ, or DSH): X22485	FBI NUMBER: 849631DC3	ORIGINATING AGENCY CASE NUMBER (OCA): FPD175828	
SEX: FEMALE	RACE: BLACK	HAIR COLOR: BLACK	EYE COLOR: BROWN	HEIGHT: 507	WEIGHT: 210

TYPE OF CONVICTION IF NON-CALIFORNIA OFFENSE	<input type="checkbox"/> OUT OF STATE	<input type="checkbox"/> FEDERAL	<input type="checkbox"/> MILITARY	
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 1	LOCATION	DESCRIPTION	PICTURE	TEXT
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 2	LOCATION	DESCRIPTION	PICTURE	TEXT
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 3	LOCATION	DESCRIPTION	PICTURE	TEXT
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER: 559-273-1955		

ADDRESS: 3044 N FRUIT AV #P	Street Number and Name	Apt./Unit Number	CITY: FRESNO	STATE: CA	ZIP CODE: 93705
DWELLING TYPE:	<input type="checkbox"/> Single Family Residence <input checked="" type="checkbox"/> Apartment / Condominium <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other	LICENSED FACILITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	FACILITY TYPE:	

LOCATION(S) FREQUENTED BY TRANSIENT					
ADDITIONAL REGISTRATION ADDRESS: <input type="checkbox"/> Residence <input type="checkbox"/> Campus <input type="checkbox"/> Employment	Street Number and Name	Apt./Unit Number	CITY	STATE	ZIP CODE
DWELLING TYPE: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Apartment / Condominium <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other	LICENSED FACILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	FACILITY TYPE:			
CAMPUS REGISTRATION: <input type="checkbox"/> Attending <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer	CAMPUS NAME/ADDRESS	STREET NUMBER AND NAME	CITY	STATE	ZIP CODE

Registrant Rolled Right Thumbprint -
If amputated use next
available finger

SIGNATURE OF REGISTRANT

DATE

LAW ENFORCEMENT REPORT FORM
FRESNO POLICE DEPARTMENT
2323 MARIPOSA MALL, FRESNO CA 93721
Phone: (559)621-7000
CA0100500

Event: 15BO5926

Case: 15-070933

INCIDENT INFORMATION

Report #: 1 of 3 Report Type: PROP CRIME District: NE Beat: G Zone: 2058

Definition and Class: PC459 - BURGLARY: VEHICLE - Lvl F

Occurred From: 10/05/15 16:00 Mon Occurred To: 10/06/15 09:15 Tue Received Date: 10/06/15 09:48 Tue

Location: 3373 N MILLBROOK AV #39 FRESNO

Cross Street: E FOUNTAIN WY

How Rev:: T

CASE FACTORS**FOLLOWUP**

VICTIM WILL PROSECUTE

INVESTIGATIONSCENE PROCESSED BY OFFICER, SCENE PROCESSED/LATENTS, SURROUNDING AREA CANVASSED
VICT (PROP/DOMEST) LETTER**SPECIAL FACTORS**

ELECTRONIC REPORT

APPROVALS AND ROUTING

Close Class: 4F1 - VEHICLE BURGLARY Open Class:: 4F1

Premise: R CAS Code: BURV

Printed: 10/27/2015 11:19:16 AM Printed By: LISTON, BRENDA(T247) Printed From: A72758

Press Log

Rpt #: 1 Type: FIRST Officer: SANDERS RS 10.8.15, AEREIL #PC300 Clerk: # Created: 10/06/15 13:22

Filed Date: 10/06/15 13:22 Assigned Date: 10/06/15 13:22

Approved By: CRAWFORD (V3627), STEVE #S162

Date Approved: 10/7/2015 3:55:12 PM

Reviewed By: CORBIN (V2412), SHERRY L. #T41

Date Reviewed: 10/8/2015 11:29:24 AM

Routing: None

NAMES

Inv: VICTIM # 1 Adult/Juvenile: A Type: PERSON

Name: SCOGGINS,DANELLE

Race: B Sex: F DOB: 12/07/1981 Age: 33 Height: 507 Weight: 190 Hair: BLK Eyes: BRO

Employer: NONE

Language: ENGLISH PD#: 175828 Birth City: OAKLAND Birth State: CA

AKA Name: SCOGGINS First: DANELL Middle: RENEE

AKA Name: SCROGGINS First: DEE

AKA Name: SCOGGINS First: DANELL Middle: RENEE

Scars, Marks and Tattoos: Location Feature Description

L HND	TAT	RIP
RF ARM	TAT	PUFF PUFF PASS
		GOLD FRONT TEETH

Identification: PI - B9462522 - CA | DL - B9462522 - CA

Home: 3373 N MILLBROOK AV #39, FRESNO, CA 93726

Phone: (559)365-0079

SUSPECT: UNKNWN

This Copy was prepared by the Fresno Police Department on (date) 10/27/15,
for the official use of:
Name Danelle Scoggins
Agency Fresno Police Department
and may not be reproduced by any unauthorized person
By JM

Officer: SANDERS RS 10.8.15, AEREIL #PC300

Supervisor: CRAWFORD (V3627), STEVE #S162

FRESNO POLICE DEPARTMENT

Event: 15BO5926

CA0100500

Case: 15-070933

NAMES

Inv: VICTIM # 2 Type: PERSON

Name: UNKNOWN

Suspect Status: ATLG

Unknown

Address: , CA

VICTIM: SCOGGINS,DANELLE

***** Charge Information *****

Section	Code	Lvl	Description	Counts	Bail	Warrant
459	PC	F	BURGLARY:VEHICLE	1		

Judicial District: FRESNO MUNI

VEHICLES

Inv: VICT/VEHICLE ATTACKED Date/Time: 10/6/2015 9:48:00 AM

License: 6XEZ204 State: CA Lic Year: 2015 Lic Type: PC Year: 1990 Make: HOND

Model: CIVIC Style: 4D Color: BLK VIN: 1HGKD3658LA095678

VICTIM: SCOGGINS,DANELLE

PROPERTY

Inv: Damaged Property # 1 Date: 10/6/2015 9:48:00 AM

Category: ELECT. EQUIP/AUDIO/STEREO/ENTERTAINMENT Article: OTHER Disposition: SCN

Officer ID: PC300 Quantity: 1 Value: \$ 200

Dispo: SCN Description: ALARM WIRE(S) CUTAND DMG. Condition: GD Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARK
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE

Total Damaged Property: \$200

Inv: Stolen # 1 Date: 10/6/2015 9:48:00 AM

Category: ELECT. EQUIP/AUDIO/STEREO/ENTERTAINMENT Article: STEREO Disposition: OUTSTANDNG

Officer ID: PC300 Quantity: 1 Value: \$ 400

Dispo: OUTSTANDNG Description: TV/STEREO, STOLEN. Condition: GD Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARKING LOT
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE

Inv: Stolen # 2 Date: 10/6/2015 9:48:00 AM

Category: OTHER Article: OTHER Color: BLK Color2: SIL Disposition: OUTSTANDNG

Officer ID: PC300 Quantity: 1 Value: \$ 100

Dispo: OUTSTANDNG Description: RAIDER SEAT(S) COVERS AND STICKERS. Condition: GD Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARKING LOT
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE

Inv: Stolen # 3 Date: 10/6/2015 9:48:00 AM

Category: OTHER Article: OTHER Disposition: OUTSTANDNG Officer ID: PC300 Quantity: 1

Value: \$ 70

Dispo: OUTSTANDNG Description: FAN FROM VEH. Condition: GD Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARKING LOT

Officer: SANDERS RS 10.8.15, AERLIL #PC300

Supervisor: CRAWFORD (V3627), STEVE #S162

FRESNO POLICE DEPARTMENT

CA0100500

Event: 15BO5926

Case: 15-070933

VALUATION	OWNER
PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE	
Total Stolen: \$570	

MO

ENTRY-VEHICLE

UNKNOWN

PLACE OF ATTACK

PARKING LOT

SURROUNDING AREA

RESIDENTIAL

TARGET-PROPERTY

BICYCLE, CAR STEREO, OTHER

EXIT-STRUCTURE

UNKNOWN

VICTIM ACTIVITY

AT WORK

OTHER FACTORS

None

NARRATIVE**VEHICLE BURGLARY****SOURCE OF ACTIVITY:**

On Tuesday, 10/06/15, I was working in the NE district as a police cadet. At approximately 1306 hours I was dispatched to 3373 N Millbrook Av #39, regarding a vehicle burglary

INVESTIGATION:

Upon arrival I made contact with Scoggins, Danelle who stated the following: the victim vehicle was parked and secured at 3373 N Millbrook Av #39, in the parking lot between the Monday, 10/05/15, at approximately 1600 hours and Tuesday, 10/06/15, at approximately 0915 hours. During that time unknown suspect(s) broke into the vehicle by: unknown at this time.

I processed surfaces of the vehicle, doors, windows etc.. for fingerprints. I recovered prints. Location of recovered prints:

Outside: front driver window.

Items taken are listed as stolen in the property portion of this report. At this time there are no suspects or witnesses to the crime.

CONCLUSIONS/DEDUCTIONS:

Unknown suspect(s) burglarized the victim vehicle.

DISPOSITION:

1. Any serialized property was entered into CLETS as stolen.
2. The Victim/RP was given case information.
3. Unknown suspect(s) at large.
4. Marsy Law and theft form mailed.
5. Latent(s) booked:NE

Are You a Victim of Housing Discrimination?

Fair Housing is Your Right!

If you have been denied your
housing rights...you may have
experienced unlawful discrimina-
tion.



U.S. Department of Housing and Urban Development

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

<u>Danelle Renee Scoggins</u>		
Your Name		
<u>3044 N Fruit ave. #P</u>		
Your Address		
<u>Fresno</u>	<u>CA</u>	<u>93705</u>
City	State	Zip Code
<u>Anytime</u>	<u>(559) 394-2014</u>	<u>Anytime</u>
Best time to call	Your Daytime Phone No	Evening Phone No

Who else can we call if we cannot reach you?

<u>Shawn Williams</u>		
Contact's Name	<u>Anytime</u>	
<u>(559) 286-6789, 286-6789</u>		
Daytime Phone No		
<u>Sterling Crayton</u>		
Contact's Name	<u>Anytime</u>	
<u>(559) 658-0595</u>		
Daytime Phone No		

1 What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

- race • color • religion • sex • national origin • familial status (families with children under 18) • disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

3 Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Central California!

Falcon Court/Turning Point "To Serve People In Need"

Name

4415 N. Clark St. #1 Fresno, CA 93726

Address

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

3044 N fruit # P

Address

Fresno CA 93705

City

State

Zip Code

5 When did the last act of discrimination occur?

Enter the date

12/24/19

Is the alleged discrimination continuing or ongoing?

Yes No

Signature

Danelle Scoggin

Date

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

"The American Dream of having a safe and decent place to call 'home' reflects our shared belief that in this nation, opportunity and success are within everyone's reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability."

Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

Began there were

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

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- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

Begin there

Three copies of each
Papers

Housing Discrimination Information

1. What happens to you, I was discriminated against based on my Disability and was wrong to take advantage of based on my lack of comprehension as well as ongoing ~~unintended~~ Coercive and harassment, and making And Setting different terms and conditions. How was you discriminated against? ~~Planned~~ based on my disability. Familial Status, ~~Unintended~~ Coerce ongoing, and Not having a Safe and Decent place to call home.

2. Why do you think you are a victim of housing discrimination? ~~unintended~~, Disability my human rights were misused of ~~them~~ there own personal gain they intentionally put me here to cause affliction and unauthorized permission to enter my dwelling harass, coerce, intimidate, impose different terms. cause the lack of my disability condition but most of all me and my kids safe and thy know what I'm talking about.

Thank you Darnelle Renee
Scoggins

LAW ENFORCEMENT REPORT FORM**FRESNO POLICE DEPARTMENT**

2323 MARIPOSA MALL, FRESNO CA 93721

Phone: (559)621-7000

CA0100500

Event: 15BF8320

Case: 15-055431

INCIDENT INFORMATION

Report #: 1 of 1 Report Type: PROP CRIME District: NE Beat: G Zone: 2058

Definition and Class: PC484(A) - PETTY THEFT - Lvl M

Occurred From: 07/23/15 12:00 Thu Occurred To: 08/02/15 12:00 Sun

Location: 3373 N MILLBROOK AV #39 FRESNO Received Date: 08/06/15 13:12 Thu

Cross Street: E FOUNTAIN WY

How Rev:: T

CASE FACTORS**FOLLOWUP**

VICTIM WILL PROSECUTE

SPECIAL FACTORS

TELEPHONE REPORT, ELECTRONIC REPORT

APPROVALS AND ROUTING

Close Class: 4F1 - VEHICLE BURGLARY Open Class:: 4F1

CAS Code: LARC

Printed: 10/27/2015 11:19:36 AM

Printed By: LISTON, BRENDA(T247)

Printed From: A72758

Press Log

Rpt #: 1 Type: FIRST

Officer: PARK (V3746), CHRISTOPHER #PC286 Clerk: # Created: 08/06/15 14:16

Filed Date: 08/06/15 14:16

Assigned Date: 08/06/15 14:16

Approved By: ROMO (V3320), JOHN M #S117

Date Approved: 8/6/2015 3:05:50 PM

Reviewed By: OROZCO, VIRGIE #T657

Date Reviewed: 8/8/2015 12:26:27 PM

Routing: None

NAMES

Inv: SUSPECT # 1 Type: PERSON

Name: UNKNOWN

Race: X Sex: X

Hair: XXX Eyes: XXX

Crime Type: PC484

Suspect Status: ATLG

Unknown

Address: , ,

VICTIM: SCOGGINS,DANELLE

***** Charge Information *****

Section Code Lvl

Description

484(A) PC M

PETTY THEFT

Counts

Bail

Warrant

1

Judicial District: FRESNO MUNI

Inv: VICTIM # 1 Adult/Juvenile: A Type: PERSON

Name: SCOGGINS,DANELLE

Race: B Sex: F

DOB: 12/07/1981

Employer: NONE

Age: 33 Height: 507 Weight: 190

Height: 507 Weight: 190

Hair: BLK Eyes: BRO

Language: ENGLISH PD#: 175828

Birth City: OAKLAND Birth State: CA

AKA Name: SCOGGINS First: DANELL

Middle: RENEE

AKA Name: SCROGGINS First: DEE

KA Name: SCOGGINS First: DANELL

Middle: RENEE

Marks and Tattoos: Location

Feature

Description

L HND

TAT

RIP

RF ARM

TAT

PUFF PUFF PASS

K (V3746), CHRISTOPHER #PC286

ROMO (V3320), JOHN M #S117

FRESNO POLICE DEPARTMENT

CA0100500

Event: 15BF8320

Case: 15-055431

Identification: PI - B9462522 - CA | DL - B9462522 - CA
Home: 3373 N MILLBROOK AV #39, FRESNO, CA 93726
Phone: (559)365-0079
SUSPECT: UNKNOWN

GOLD FRONT TEETH

VEHICLES

Inv: VICT/VEHICLE ATTACKED **Date/Time:** 8/6/2015 1:12:00 PM
License: 6XEZ204 **State:** CA **Lic Year:** 2015 **Lic Type:** PC **Year:** 1990 **Make:** HOND
Model: CIVIC **Style:** 4D **Color:** BLK **VIN:** 1HGED3658LA095678 **Condition:** POO
Vehicle Dispo: RTO **Officer:** PC286 **Description:** MISSING WATER PUMP, FAN AND FRONT LEFT TIRE FLAT
REGISTERED OWNER: SCOGGINS,DANELLE

PROPERTY

Inv: Stolen # 1 **Date:** 8/6/2015 1:12:00 PM
Category: OTHER **Article:** VEH PART **Disposition:** OUTSTANDNG **Officer ID:** PC286 **Quantity:** 1
Value: \$ 70
Dispo: OUTSTANDNG **County Code:** 10 **NCIC Code:** CA01 **Description:** WATER PUMP **Condition:** GD
Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARKING LOT
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE
SUSPECTED OF BEING INVOLVED WITH THIS PROPERTY: UNKNOWN

Inv: Stolen # 2 **Date:** 8/6/2015 1:12:00 PM
Category: OTHER **Article:** VEH PART **Disposition:** OUTSTANDNG **Officer ID:** PC286 **Quantity:** 1
Value: \$ 25
Dispo: OUTSTANDNG **County Code:** 10 **NCIC Code:** CA01 **Description:** VEH FAN **Condition:** GD
Zone: 2058

Property Desc:	Category	Type
	TAKEN FROM	PARKING LOT
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE
SUSPECTED OF BEING INVOLVED WITH THIS PROPERTY: UNKNOWN
Total Stolen: \$95

Inv: Vandalized Property # 1 **Date:** 8/6/2015 1:12:00 PM
Category: OTHER **Article:** VEHTIRE **Disposition:** SCN **Officer ID:** PC286 **Quantity:** 1 **Value:** \$ 25
Dispo: SCN **County Code:** 10 **NCIC Code:** CA01 **Description:** FRONT LEFT TIRE SLASHED
Condition: BAD **Zone:** 2058

Property Desc:	Category	Type
	VALUATION	OWNER

PROPERTY TAKEN OR LOST / VICTIM: SCOGGINS,DANELLE
SUSPECTED OF BEING INVOLVED WITH THIS PROPERTY: UNKNOWN
Total Vandalized Property: \$25

For the official use of:

Name Danelle Scoggins

Agency

and may not be revealed by any unauthorized person

By V.Aquirre T372 FRESNO POLICE DEPARTMENT

2323 MARIPOSA MALL, FRESNO CA 93721

Phone: (559)621-7000

CA0100500

Event: 18BX2095

Case: 18-077174

INCIDENT INFORMATION

Report #: 1 of 1 Report Type: PROP CRIME District: NE Beat: G Zone: 1959

Definition and Class: PC459 - BURGLARY:VEHICLE - Lvl F

Occurred From: 11/18/18 18:00 Sun Occurred To: 11/18/18 20:00 Sun Received Date: 11/18/18 20:19 Sun

Location: 3740 E ASHLAN AV #P FRESNO

Cross Street: N SEVENTH ST

How Recv.: T

CASE FACTORS

EVIDENCE

EVIDENCE.COM AUDIO/VIDEO UPLOADED

FOLLOWUP

VICTIM WILL PROSECUTE

SPECIAL FACTORS

ELECTRONIC REPORT

APPROVALS AND ROUTING

Close Class: 4F1 - VEHICLE BURGLARY Open Class:: 4F1

CAS Code: BURV

Printed: 1/21/2020 11:38:07 AM Printed By: AGUIRRE, VALERIE(T372) Printed From: R10181

Press Log

Rpt #: 1 Type: FIRST Officer: WALLS (V3316), MALCOLM #P1736 Clerk: # Created: 11/18/18 22:13

Filed Date: 11/18/18 22:13 Assigned Date: 11/18/18 22:13

Approved By: TAFOYA (V2430), RUDY #S146

Date Approved: 12/1/2018 6:30:43 PM

Reviewed By: RAY, DEBBIE #T34

Date Reviewed: 12/3/2018 8:40:22 AM

Routing: None

NAMES

Inv: SUSPECT # 1 Type: PERSON

Name: UNKNOWN

Race: X Sex: X Hair: XXX Eyes: XXX

Suspect Status: ATLG

Address: , FRESNO, CA

Inv: VICTIM # 1 Adult/Juvenile: A Type: PERSON

Name: SCOGGINS,DANELLE RENEE

Race: B Sex: F DOB: 12/07/1981 Age: 36 Height: 508 Weight: 190 Hair: BLK Eyes: BRO

Language: ENGLISH

Identification: SUSP - B9462522 - CA

Home: 3044 N FRUIT AV #P, FRESNO, CA 93705

Phone: (510)560-1756

VEHICLES

Inv: VICT/VEHICLE ATTACKED Date/Time: 11/18/2018 8:19:00 PM

License: 7ZUG516 State: CA Lic Year: 2018 Lic Type: PC Year: 1991 Make: ACUR

Model: LEGEND Style: CP Color: GRY VIN: JH4KA8251MC007815 Value: 2000

Financial Responsibility: SCOGGINS, DANIELLE Vehicle Dispo: SCN

LEGAL OWNER: SCOGGINS,DANELLE RENEE

Officer: WALLS (V3316), MALCOLM #P1736

Supervisor: TAFOYA (V2430), RUDY #S146

FRESNO POLICE DEPARTMENT

CA0100500

Event: 18BX2095**Case: 18-077174****PROPERTY**

Inv: Stolen # 1 **Date:** 11/18/2018 8:19:00 PM
Category: OTHER **Article:** OTHER **Color:** BLK **Color2:** BLK **Disposition:** OUTSTANDNG **Quantity:** 10
Value: \$ 30
Dispo: OUTSTANDNG
Description: BLACK BRIEF CASE CONTAINING PERSONAL INFORMATION OF VIC AND CHILDREN TO INCLUDE-
DRIVERS LICENSE, BIRTH CERTIFICATES, SOCIAL SECURITY CARDS AND OTHER PERSONAL INFORMATION.
Zone: 2153
OWNER: SCOGGINS,DANELLE RENEE
Total Stolen: \$30

MO**ENTRY METHOD**

WIN SMASH

ENTRY-VEHICLE

REAR PASSENGER WINDOW

PLACE OF ATTACK

PARKING LOT

SURROUNDING AREA

OTHER

STRUCT-COMMERCIAL

OTHER

STRUCT-PUBLIC

CHURCH

SUSPECT ACTIONS

HOTPROWL

STRUCT-VEHICLE

PASSENGER

TARGET-PROPERTY

OTHER

TARGET-VEHICLE

OTHER

EXIT-VEHICLE

REAR WINDOW

OTHER FACTORS**None****NARRATIVE****VEHICLE BURGLARY****SOURCE OF ACTIVITY:**

On 11/18/18 at approx. 2153 hours, I was dispatched to 3044 N. Fruit #P regarding a vehicle burglary

INVESTIGATION:

The Victim told me the following:

The victim vehicle was parked and locked at 3740 E. Ashlan between the hours of 11/18/18 1800 and 11/18/18 2000. During that time unknown suspect(s) broke into the vehicle by: smashing her rear driver side passenger window with an unknown object or weapon.

I processed surfaces of the vehicle, doors, windows etc.. for fingerprints. I recovered prints on the top frame of the broken window.

Items taken are listed as stolen in the property portion of this report. At this time there are no suspects or witnesses to the crime. Other pertinent details include: There are no video cameras at location of occurrence. Victim advised the vehicle did not have an alarm system.

CONCLUSIONS/DEDUCTIONS:

Unknown suspect(s) burglarized the victim vehicle.

DISPOSITION:

Any serialized property was entered into CLETS as stolen.

The Victim was given case information.

This Copy was prepared by the Fresno Police

Department on Date 01/28/20 Document 1 Filed 01/28/20 Page 50 of 67

For the official use of:

Name Danelle Scoggins

Agency

and may not be revealed by any unauthorized person

LAW ENFORCEMENT REPORT FORM

FRESNO POLICE DEPARTMENT

By V.Aguirre T372

2323 MARIPOSA MALL, FRESNO CA 93721

Phone: (559)621-7000

Event: 18BP0297

CA0100500

Case: 18-063934

INCIDENT INFORMATION

Report #: 1 of 2 Report Type: PROP CRIME District: CE Beat: C Zone: 2153

Definition and Class: PC594(B)(2)(A) - VANDALISM -\$400 - Lvl M

Occurred From: 09/25/18 22:52 Tue Occurred To: 09/25/18 23:00 Tue Received Date: 09/25/18 22:52 Tue

Location: 3044 N FRUIT AV #P FRESNO

Cross Street: W CORNELL AV

How Rev:: T

CASE FACTORS

EVIDENCE

LATENTS WERE RECOVERED

FOLLOWUP

VICTIM WILL PROSECUTE

SPECIAL FACTORS

ELECTRONIC REPORT

APPROVALS AND ROUTING

Close Class: 4W3 - VANDAL/OTH STRUCTURE Open Class:: 4F

CAS Code: VAND

Printed: 1/21/2020 11:51:49 AM Printed By: AGUIRRE, VALERIE(T372) Printed From: R10181

Press Log

Rpt #: 1 Type: FIRST Officer: FRANCO (V3386), DEVIN #P1942 Clerk: # Created: 09/25/18 23:32

Filed Date: 09/25/18 23:32 Assigned Date: 09/25/18 23:32

Approved By: LEE (V3949), JEFF #P1320

Date Approved: 10/1/2018 3:00:52 AM

Reviewed By: DUNN (V3874), KIMBERLY #T249

Date Reviewed: 10/8/2018 5:27:30 PM

Routing: None

NAMES

Inv: SUSPECT # 1 Type: PERSON

Name: UNKNOWN

Suspect Status: ATLG

Unknown

Inv: VICTIM # 1 Adult/Juvenile: A Type: PERSON

Name: SCOGGINS,DANELLE RENEE

Race: B Sex: F DOB: 12/07/1981 Age: 36 Height: 508 Weight: 190 Hair: BLK Eyes: BRO

Identification: SUSP - B9462522 - CA

Address: 3044 N FRUIT P, FRESNO, CA 93705

VEHICLES

Inv: INVOLVED VEHICLE Date/Time: 9/25/2018 10:52:00 PM

License: 7ZUG516 State: CA Lic Year: 2018 Lic Type: PC Year: 1991 Make: ACUR

Model: LEGEND Style: CP Color: GRY VIN: JH4KA8251MC007815 Condition: BAD Value: 2000

Financial Responsibility: SCOGGINS, DANIELLE Vehicle Dispo: SCN

Description: 2 VEHICLE ALARMS ON VEHICLE WERE NOT WORKING. SIDE FENDERS ON BOTH SIDES OF VEHICLE WERE CRACKED. TOP OF LEFT DRIVER SIDE DOOR HAD MINOR DAMAGE.

Damage Type	Extent	Color	Location
CRACKED	MINOR DAMAGE		RIGHT FRONT FENDER
CRACKED	MINOR DAMAGE		LEFT FRONT DOOR

Officer: FRANCO (V3386), DEVIN #P1942

Supervisor: LEE (V3949), JEFF #P1320

Page 1 of 3

FRESNO POLICE DEPARTMENT

CA0100500

Case: 18-063934**Event: 18BP0297****VICTIM: SCOGGINS,DANELLE RENEE****MO****None****OTHER FACTORS****None****NARRATIVE****MEMBERS WHO CAN TESTIFY:**

Cpl. J.Lee #P1320

SOURCE:

On Tuesday, 9-25-18, I was working uniformed patrol in central Fresno. At approx. 2327 hrs. i was dispatched to 3044 N Fruit regarding a vehicle being burglarized.

INVESTIGATION:

Upon arrival, I came in contact with the RP who identified herself as Danelle Scoggins. Scoggins stated the following.

Statement of Scoggins:

She said she was upstairs in her apt. when she heard a vehicle alarm go off. She went outside to see if it was her vehicle that was going off. As she looked outside she saw two HMA wearing all black near her vehicle. When the two HMA adults saw her they immediately left on their bikes towards Shields and Fruit. She went to go check her vehicle and noticed her alarms were not working anymore on the vehicle. She also saw that there was damage done to her side fenders and noticed there were handprints on her driver side window.

She estimated her damages to the vehicle to be \$200. She also requested to have finger prints done on the vehicle.

I dusted the vehicle and recovered latent prints.

At this time Scoggins wants the events documented.

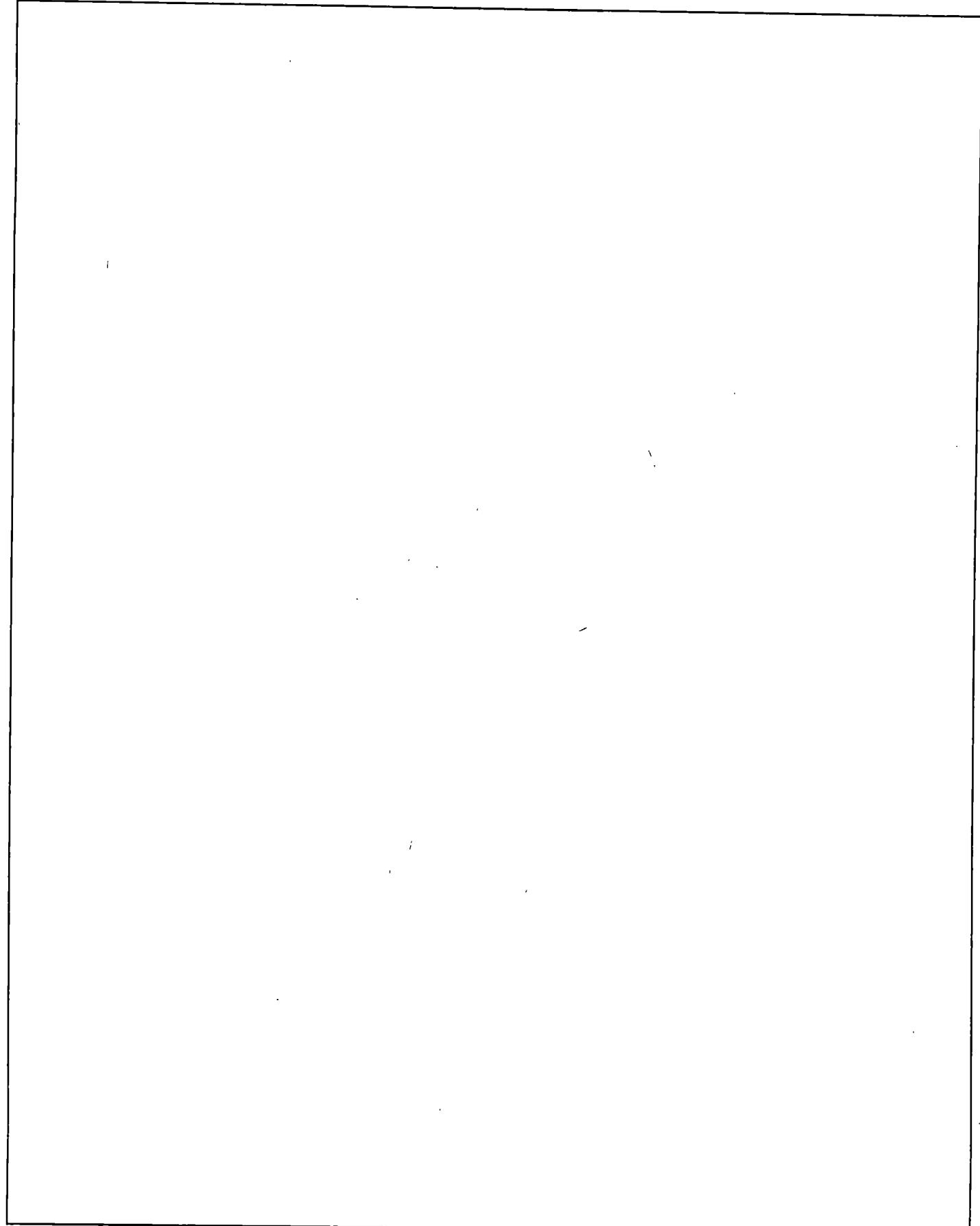
CONCLUSIONS / DEDUCTIONS:

On Tuesday, 9-25-18, I was working uniformed patrol in central Fresno. At approx. 2327 hrs. i was dispatched to 3044 N Fruit regarding a vehicle being burglarized. It appears two HMA were seen near her vehicle when Scoggins went outside to see if her car alarm was going off. The two males saw her and left immediately on their bikes toward Shields and Fruit. Latent prints were obtained from the vehicle and the unknown suspects did not make entry into the vehicle and are still at large.

DISPOSITION:

Scoggins was given a case number.

Latent prints were recovered.



Time: 01/21/2020 11:56:38

Event: 18-BD7864

INCIDENT INFORMATION				
Receive Time 07/14/2018 09:59:12	Clear Time 7/14/2018 5:46:05 PM	Call Taker DEALBA PM 1.21.19, ANITRA ID: DT036	Position CT21	
Classification 4F1	Priority 3	How Receive T	Services Police	
Address 3044 N FRUIT AV #P / W CORNELL AV, FRESNO				
Police Agency PD	District CE	Beat C	Station	Zone 2153
This Copy was prepared by the Fresno Police Department on (Date) 1/21/20				
REPORTING PARTIES Name For the official use of: SCOGGINS DANIELLE Danelle Scoggins Name _____ Address _____ Agency _____ and may not be revealed by any unauthorized person. By V.Aguirre T372				
ATT VEH 459 TO RP VEH ... RP STS SUSP WENT UNDER HER VEH AND DAMAGED SOME PROP				
DISPOSITION				
Closing Class 4F1	Event Dispo O	Location R	Unit Code 80	Agency: Case Number PD: AGUINIGA (V3960), ROMAN P1846
UNITS/STAFF/SUPERVISORS				
Time 07/14/2018 11:50:40	Operator MARIN PM 1.21.19, KIA ID: D3062			Position CT01
Supplement P2 PD02 ,RP CB REG RESP TIME ... LL RP WHEN OFFCR ER				
Time 07/14/2018 17:22:25	Unit 2C31	Status D	Operator CARTER (V3488), ALLISON ID: D3122	Position PD02
Time 07/14/2018 17:22:25	Operator CARTER (V3488), ALLISON ID: D3122			Position PD02
Supplement 2C31 Comment: WILL ADV				
Time 07/14/2018 17:22:37	Unit 2C31	Status ER	Operator AGUINIGA (V3960), ROMAN ID: P1846	Position A00586
Time 07/14/2018 17:22:40	Operator CARTER (V3488), ALLISON ID: D3122			Position PD02
Supplement P2 UT ,LL RP AND ADV UNITS ER...AVAIL?				
Time 07/14/2018 17:24:47	Operator ISQUIERDO (V3043), REBEKAH ID: D3063			Position CT18
Supplement P2 PD02 ,2C31..NO ANS FOR THE RP AND VM IS FULL NOT ABLE TO LEAVE VM				
Time 07/14/2018 17:26:41	Unit 2C31	Status AR	Operator AGUINIGA (V3960), ROMAN ID: P1846	Position A00586
Time 07/14/2018 17:35:58	Unit 2C31	Status ECOMM	Operator GUZMAN (V3049), RAFAEL ID: D3039	Position PD02
Comment License Plate Check LIC:7ZUG516 LIS:CA Request Key:30197980				
Time 07/14/2018 17:45:37	Operator AGUINIGA (V3960), ROMAN ID: P1846			Position A00586
Supplement MADE CONTACT WITH RP AND VEHICLE CHECKED OUT OK. SHE WAS CONCERN THAT HER VEHICLE WAS BEING TAMPERED WITH. NO SIGNS OF NEW DAMAGE TO THE VEHICLE SEEN. NFI				

Time: 01/21/2020 11:56:38

Event: 18-BD7864

Time 07/14/2018 17:46:05	Unit 2C31	Dissociate Status IN	STAFF	
Police Unit 2C31	Staff AGUINIGA (V3960), ROMAN ID: P1846	RESPONSE TIMES		
	Event	Police	Fire	
Receive	07/14/2018 09:59:12	07/14/2018 09:59:14		
Save	07/14/2018 10:00:32			
Dispatch	07/14/2018 17:22:25	07/14/2018 17:22:25		
Enroute	07/14/2018 17:22:37	07/14/2018 17:22:37		
Arrive	07/14/2018 17:26:41	07/14/2018 17:26:41		
Last Clear	07/14/2018 17:46:05	07/14/2018 17:46:05		
No. of Units	1	1	0	

Time: 01/21/2020 11:46:01

Event: 18-AI6716

INCIDENT INFORMATION					
Receive Time 02/25/2018 22:02:40	Clear Time 2/25/2018 10:26:28 PM	Call Taker WORDEN (V3093), TAMI ID: D3081	Position PD01		
Classification 3C	Priority 3	How Receive O	Services Police	This Copy was prepared by the Fresno Police Department on (Date) 1/21/20	
Address W CALIFORNIA AV / S THORNE AV, FRESNO					
Police Agency PD	District SW	Beat C	Foster the official use of: Name Danelle Scoggins	Zone 2853	
SUSPECT and may not be revealed by any unauthorized person By V.Aguirre T372					
DISPOSITIONS					
Closing Class 3C1	Event Dispo I	Location O	Unit Code 80	Agency: Case Number PD:	Primary Staff HUTCHINS (V3293), BRET P1717
UNIT HISTORY/STATUS/PROBLEMS					
Time 02/25/2018 22:02:40	Unit 1D31	Status D	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Time 02/25/2018 22:02:40	Unit 1D31	Status ER	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Time 02/25/2018 22:02:40	Unit 1D31	Status ECOMM	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Comment License Plate Check LIC:7ZUG516 LIS:CA Request Key:29608699					
Time 02/25/2018 22:02:40	Unit 1D31	Status 3C	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Time 02/25/2018 22:02:53	Unit 1C22	Status D	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Time 02/25/2018 22:02:53	Unit 1C22	Status ER	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/THORNE					
Time 02/25/2018 22:03:13	Unit 1D31	Status 3C	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/E THORNE					
Time 02/25/2018 22:03:13	Unit 1C22	Status ER	Operator WORDEN (V3093), TAMI ID: D3081	Position PD01	
Location CALIF/E THORNE					
Time 02/25/2018 22:03:26	Unit 1C22	Status AR	Operator SANDERS (V3389), SAM ID: P1765	Position A00601	
Location CALIF/E THORNE					

Time: 01/21/2020 11:46:01

Event: 18-AI6716

Time 02/25/2018 22:06:40	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:07:44	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:07:49	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:07:55	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:08:42	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:08:55	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:08:55	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:08:57	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
Location CALIF/E THORNE				
Comment				
Time 02/25/2018 22:09:43	Operator WORDEN (V3093), TAMI ID: D3081			Position PD01
Supplement NEG HS/NSET ON WILLIAMS, SCOGGINS AND WRIGHT				
Time 02/25/2018 22:14:38	Operator HUTCHINS (V3293), BRET ID: P1717			Position A00629
Supplement VEHICLE STOPPED FOR NOT COMING TO A COMPLETE STOP. OCCUPANTS RNU AND CLEARED OF ALL WANTS. DRIVER ADVISED OF DANGEROUS DRIVING AND SOW W/ A WARNING.				

Time: 01/21/2020 11:46:01

Event: 18-AI6716

Time 02/25/2018 22:22:06	Unit 1D31	Status ECOMM	Operator HUTCHINS (V3293), BRET ID: P1717	Position A00629
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Location

CALIF/E THORNE

Comment

LIC:6RFW882 LIT:PC LIS:CA Request Key:29608762

Time 02/25/2018 22:19:21	Unit 1C22	Dissociate Status IN
Time 02/25/2018 22:26:28	Unit 1D31	Dissociate Status IN

Police Unit 1C22	Staff SANDERS (V3389), SAM ID: P1765
Police Unit 1D31	Staff HUTCHINS (V3293), BRET ID: P1717

RESPONSE TIMES

	Event	Police	Fire	
Receive	02/25/2018 22:02:40	02/25/2018 22:02:40		
Save	02/25/2018 22:02:40			
Dispatch	02/25/2018 22:02:40	02/25/2018 22:02:40		
Enroute	02/25/2018 22:02:40	02/25/2018 22:02:40		
Arrive	02/25/2018 22:02:40	02/25/2018 22:02:40		
Last Clear	02/25/2018 22:26:28	02/25/2018 22:26:28		
No. of Units	2	2	0	

For the official use of:

Name Danelle Scoggins

Agency

and may not be revealed by any unauthorized person

By V.Aguirre T372

LAW ENFORCEMENT REPORT FORM**FRESNO POLICE DEPARTMENT**

2323 MARIPOSA MALL, FRESNO CA 93721

Phone: (559)621-7000

CA0100500

Event: 18BS4500

Case: 18-069652

INCIDENT INFORMATION

Report #: 1 of 1 Report Type: OTHER CRIME District: CE Beat: C Zone: 2153

Definition and Class: PC530.5(A) - OBT CREDIT/ETC:OTHERS ID - Lvl M

Occurred From: 03/01/18 00:01 Thu Occurred To: 04/01/18 00:01 Sun Received Date: 10/18/18 13:37 Thu

Location: 3044 N FRUIT AV #P FRESNO

Cross Street: W CORNELL AV

How Recv.: T

CASE FACTORS**EVIDENCE**

EVIDENCE.COM AUDIO/VIDEO UPLOADED

SPECIAL FACTORS

ELECTRONIC REPORT

APPROVALS AND ROUTING

Close Class: 4P0 - FRAUD/FORGERY Open Class:: 4F9

Premise: R # of Premises: 1 CAS Code: FRAD

Printed: 1/21/2020 11:40:25 AM Printed By: AGUIRRE, VALERIE(T372) Printed From: R10181

Press Log

Rpt #: 1 Type: FIRST Officer: GREGORY (V3459), KATHERINE #P1814 Clerk: # Created: 10/18/18 23:30

Filed Date: 10/18/18 23:30 Assigned Date: 10/18/18 23:30

Approved By: ASHWORTH (V3197), SAMMY #S218 Date Approved: 10/19/2018 12:44:43 PM

Reviewed By: VASQUEZ (V2005), EVA #T93 Date Reviewed: 10/23/2018 10:59:16 AM

Routing: None

NAMES

Inv: SUSPECT # 1 Type: PERSON

Name: UNKNOWN

Race: X Sex: X Hair: XXX Eyes: XXX

Suspect Status: ATLG

Unknown

Address: , FRESNO, CA

VICTIM: SCOGGINS,DANELLE RENEE

Inv: VICTIM # 1 Adult/Juvenile: A Type: PERSON

Name: SCOGGINS,DANELLE RENEE

Race: B Sex: F DOB: 12/07/1981 Age: 36 Height: 508 Weight: 190 Hair: BLK Eyes: BRO

Language: ENGLISH

Identification: SUSP - B9462522 - CA

Home: 3044 N FRUIT AV #P, FRESNO, CA 93705

Phone: (510)560-1756

SUSPECT: UNKNOWN

MO

None

OTHER FACTORS

None

FRESNO POLICE DEPARTMENT

CA0100500

Event: 18BS4500

Case: 18-069652

NARRATIVE

SOURCE:

On 10/18/18, I was working uniformed patrol in the Central district detailed as 2F41. At approx. 2330 hrs. I was dispatched to 3044 N Fruit Av #P regarding a theft.

INVESTIGATION:

I arrived at approx. 2340 hrs. and contacted the reporting party, who verbally identified herself as V-Danelle Scoggins. She provided the following statement.

Statement of V-Scoggins:

Scoggins stated that approx. 6-7 months ago an unknown suspect stole her CA ID and her social security card from her residence. She could not pinpoint exactly when this occurred. There was never any forced entry to the apartment. She is in a program and they have a key to her apartment but she was also dating several different women during that time period and they would have had access. She did not want to provide me with their names. She noticed the cards missing but did not report it at that time because she thought all she needed to do was go get new ones. She stated that she has a mental disability so it is difficult for her to understand what she needs to do in certain situations.

4-5 months ago she started receiving letters from an unknown credit bureau saying that she had signed up for something. She did not know what exactly it was and stated that she did not have any of the letters. She tried to tell them that she had not signed up for anything but has been unable to cancel anything because she does not know passcodes or security question answers. They told her that they would need a police report before they could provide any assistance.

CONCLUSIONS / DEDUCTIONS:

On an unknown date and time 6-7 months ago, V-Scoggins noticed her ID and social security card missing from her apartment. Approx. 5 months ago she began getting letters from a credit bureau saying that she had signed up for something which she never did. Based on the provided information, I concluded that the unknown suspect S-1 violated PC 484(a)- theft and PC 530.5(a)- use of identifying information to obtain credit. There is no suspect info at this time.

DISPOSITION:

1. AXON body camera footage available.
2. I provided V-Scoggins with a case number and mailed her a Marsy's Law letter.
3. S-1 is outstanding at this time.

Time: 01/21/2020 11:54:26

Event: 16-BB1650

INCIDENT INFORMATION				
Receive Time 07/18/2016 09:20:01	Clear Time 7/18/2016 10:57:26 AM	Call Taker ALLEN (V3193), PATTY ID: D3059	Position CT01	
Classification 4E5	Priority 2	How Receive T	Services Police	
Address 4754 E ALAMOS AV #202 / N RECREATION AV, FRESNO				

Police Agency PD	District NE	Beat E	Station	Zone 1761
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This Copy was prepared by the Fresno Police Department on (Date) 1/21/20

Name SCOGGINS,DANIELLE
 Address 1600 WILLOW AVE, FRESNO
 For the official use of:
 (559)652-0105
 Name Danelle Scoggins
 Info
 Agency 911 Caller
 and may not be revealed by any unauthorized person

ATT 459.....RP SAYS YOU CAN SEE WHERE THEY TRIED TO PRY THE WINDOW FROM THE FRAME.....

DISPOSITIONS					
Closing Class 4E5	Event Dispo I	Location R	Unit Code 77	Agency: Case Number PD:	Primary Staff SCOTT PM 3.15.18, ELEXIS PC352

UNIT ASSISTANT/SUPERVISOR					
Time 07/18/2016 10:20:54	Unit 9C41	Status D	Operator JOHNSON (V3053), TRACY ID: D007	Position PD04	
Time 07/18/2016 10:20:58			Operator JOHNSON (V3053), TRACY ID: D007	Position PD04	

Supplement P2 CT03 ,LL RP, ER	Unit 9C41	Status ER	Operator SCOTT PM 3.15.18, ELEXIS ID: PC352	Position A00360
Time 07/18/2016 10:22:22			Operator WOOFTER (V3695), MATTHEW ID: D3112	Position CT03

Supplement P2 PD04 ,9C41..RP ADV AND AVAIL AT THE LOC	Unit 9C41	Status AR	Operator SCOTT PM 3.15.18, ELEXIS ID: PC352	Position A00360
Time 07/18/2016 10:57:07			Operator SCOTT PM 3.15.18, ELEXIS ID: PC352	Position A00360

Supplement
 SPOKE TO RP-DANELLE SCOGGINS (12/07/81) WHO STATED THAT SOMEONE TRIED TO PRY OPEN HER WINDOW BC THE SW CORNER OF THE WINDOW SCREEN PANEL WAS SLIGHTLY PULLED OFF. RP HAS TWO LITTLE BOYS, I ASKED HER IF MAYBE THE BOYS PICKED AT IT AND DID IT. RP STATED NO THAT SOMEONE IS TRYING TO BREAK INTO HER HOME AND HAVE BEEN TRYING TO DO SO. RP STARTED TALKING LOUDLY SO THAT "THEY" COULD HEAR OUR CONVO. RP STATED THAT SHE GAVE THE APT 30 DAY NOTICE THAT SHE IS MOVING AND HAS MOVED MOST OF HER THINGS TO STORAGE. RP STATED THAT SHE WANTED THE INCIDENT DOCUMENTED "TO COVER HERSELF". RP WAS GIVEN EVENT INFO

Time 07/18/2016 10:57:26	Unit 9C41	Dissociate Status IN	
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Police Unit 9C41	Staff SCOTT PM 3.15.18, ELEXIS ID: PC352
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Time: 01/21/2020 11:54:26

Event: 16-BB1650

	Event	Police	Fire	
Receive	07/18/2016 09:20:01	07/18/2016 09:22:12		
Save	07/18/2016 09:22:19			
Dispatch	07/18/2016 10:20:54	07/18/2016 10:20:54		
Enroute	07/18/2016 10:21:02	07/18/2016 10:21:02		
Arrive	07/18/2016 10:31:33	07/18/2016 10:31:33		
Last Clear	07/18/2016 10:57:26	07/18/2016 10:57:26		
No. of Units	1	1	0	

Time: 01/21/2020 11:43:31

Event: 16-BA3257

INCIDENT INFORMATION				
Receive Time 07/11/2016 22:45:05	Clear Time 7/11/2016 11:35:06 PM	Call Taker BABCOCK (V3153), TAMARA ID: D3090		Position CT07
Classification 1N	Priority 1	How Receive T	Services Police	
Address 4754 E ALAMOS AV #202 / N RECREATION AV, FRESNO				
Police Agency PD	District NE	Beat E	Station	Zone 1761
REPORTING PARTIES				
Name DANIELLE	Phone (559)652-0105			
Address 4754 E ALAMOS AV, FRESNO	Info 911 Caller			
SUSPESIS				
SUSP ACT.. RP HEARD NOISES COMING FROM ROOF.... WHEN WENT OUTSIDE TO LOOK OUTSIDE... RP SEES BOARD CROSSING FROM ROOF TO ANOTHER ROOF..... NO SUBJS SEEN.				
DISPOSITIONS				
Closing Class 1N4	Event Dispo I	Location R	Unit Code 80	Agency: Case Number PD:
				Primary Staff LOY (V3173), SEAN P1681
UNIT HISTORY/SUPERVISOR				
Time 07/11/2016 22:47:04	Operator BABCOCK (V3153), TAMARA ID: D3090			Position CT07
Supplement P2 PD04 ,RP HEARD SOMEONE TRYING TO GET INTO ATTIC				
Time 07/11/2016 22:51:10	Unit 4C23	Status D	Operator MOOSOOLIAN (V3354), KYLIE ID: D3080	Position PD04
Time 07/11/2016 22:51:14	Unit 4C23	Status ER	Operator LOY (V3173), SEAN ID: P1681	Position A00522
Time 07/11/2016 22:51:56	Unit 4C24	Status D	Operator MOOSOOLIAN (V3354), KYLIE ID: D3080	Position PD04
Time 07/11/2016 22:52:02	Unit 4C24	Status ER	Operator KEELEY (V3671), NICK ID: P1391	Position A00583
Time 07/11/2016 22:58:37	Unit 4C23	Status AR	Operator LOY (V3173), SEAN ID: P1681	Position A00522
Time 07/11/2016 23:03:33	Unit 4C24	Status AR	Operator KEELEY (V3671), NICK ID: P1391	Position A00583
Time 07/11/2016 23:10:47			Operator LOY (V3173), SEAN ID: P1681	Position A00522
Supplement CONTACTED RP WHO STATED SUBJECTS WERE WALKING ON HER ROOF. CANVASSED AREA AND NO SUBJECTS ON ROOF OR IN AREA. CONTACTED HER NEIGHBOR WHO STATED HE DID NOT HEAR ANYONE ON THE ROOF.				
Time 07/11/2016 23:12:40	Unit 4C23	Status CL	Operator LOY (V3173), SEAN ID: P1681	Position A00522
Location BLKSTONE/NEES				
Time 07/11/2016 23:25:07	Unit 4C23	Status AR	Operator LOY (V3173), SEAN ID: P1681	This Copy was prepared by the Fresno Police Department on (Date) 1/21/20 Position A00522
Location BLKSTONE/NEES				
Time 07/11/2016 23:11:02	Unit 4C24	Dissociate Status IN	For the official use of: Name <u>Danelle Scoggins</u> Agency <u>V.Aguirre T372</u>	

and may not be revealed by any unauthorized person
By V.Aguirre T372

Time: 01/21/2020 11:43:31

Event: 16-BA3257

Time	Unit	Dissociate Status		
07/11/2016 23:35:06	4C23	IN		
STAFF				
Police Unit 4C23	Staff LOY (V3173), SEAN ID: P1681			
Police Unit 4C24	Staff KEELEY (V3671), NICK ID: P1391			
RESPONSE TIMES				
	Event	Police	Fire	
Receive	07/11/2016 22:45:05	07/11/2016 22:45:59		
Save	07/11/2016 22:46:35			
Dispatch	07/11/2016 22:51:10	07/11/2016 22:51:10		
Enroute	07/11/2016 22:51:14	07/11/2016 22:51:14		
Arrive	07/11/2016 22:58:37	07/11/2016 22:58:37		
Last Clear	07/11/2016 23:35:06	07/11/2016 23:35:06		
No. of Units	2	2	0	

Time: 01/21/2020 12:02:57

Fresno Police Department

Event Report

Event: 18-BJ3711

Police Unit 2C11	Staff PHEBUS (V3122), STEPHEN ID: P1251	RESPONSE TIMES		
	Event	Police	Fire	
Receive	08/20/2018 12:38:10	08/20/2018 12:38:29		
Save	08/20/2018 12:39:57			
Dispatch	08/20/2018 12:40:59	08/20/2018 12:40:59		
Enroute	08/20/2018 12:41:04	08/20/2018 12:41:04		
Arrive	08/20/2018 12:46:51	08/20/2018 12:46:51		
Last Clear	08/20/2018 13:31:37	08/20/2018 13:31:37		
No. of Units	1	1	0	



Mariposa Mall
P.O. Box 1271
Fresno, CA 93715-1271

ANDREW J. HALL

Chief of Police



To Whom It May Concern:

In accordance with California Penal Code 6254; no law enforcement officer or employee of a law enforcement agency shall disclose arrest records to any arrested person, or to any person who may be a defendant in a criminal action.

The defendant may obtain necessary information through the discovery process under Penal Code 1054.

Respectfully,

A handwritten signature in cursive ink that reads "Kelly Keifer".

Kelly Keifer
Records Section Manager
2323 Mariposa Mall
(559) 621-2534
(559) 621-2520

Fresno Police Department
Event Report

Event: 18-BJ3711

Time: 01/21/2020 12:02:57

EMERGENCY INFORMATION

Receive Time 08/20/2018 12:38:10	Clear Time 8/20/2018 3:38:59 PM	Call Taker MATA (V3065), MARTA ID: D3032	Position CT07
Classification 4D	Priority 1	How Receive T	Services Police

Address

3044 N FRUIT AV #R / W CORNELL AV, FRESNO

Police Agency PD	District CE	Beat C	Station	Zone 2153
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This Copy was prepared by the Fresno Police
Department on (Date) 1/21/20

Name For the official use of: Name <u>Danelle Scoggins</u>	Phone _____
Address <u>Agency</u>	Info <u>911 Caller, Contact</u>
and may not be revealed by any unauthorized person.	
By V.Aquirre T372	

VICT OF ASSUALT .. RP WAS HIT BY HIS NEIGHBOR W/A CHAIR .. REFUSED AMB / NEIGHBOR IS 3 UNITS DOWN FROM RPS APT #P .. BFA 5/6 LSW: BLU TANK W/ORLANDO ON IT W/LONG BLK SHORTS

DISPATCHES

Closing Class 4D2	Event Dispo C	Location R	Unit Code 80	Agency: Case Number PD: 18-054952	Primary Staff PHEBUS (V3122), STEPHEN P1251
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ALL HISTORIES / MEDICAL

Time 08/20/2018 12:40:59	Unit 2C11	Status D	Operator OVOIAN (V3070), PATSY ID: D3027	Position PD02
Time 08/20/2018 12:40:59			Operator OVOIAN (V3070), PATSY ID: D3027	Position PD02

Supplement

2C11 Comment: WILL ADV

Time 08/20/2018 12:41:04	Unit 2C11	Status ER	Operator PHEBUS (V3122), STEPHEN ID: P1251	Position A00676
Time 08/20/2018 12:42:14			Operator MATA (V3065), MARTA ID: D3032	Position CT07

Supplement

P2 PD02 ,RP ALSO IN VERBAL DIST SAYING RUDE THINGS

Time 08/20/2018 12:43:43	Operator OVOIAN (V3070), PATSY ID: D3027	Position PD02
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Supplement

AA3911 PRIOR CALL ...8B SERVED RP PAPERWORK

Time 08/20/2018 12:46:51	Unit 2C11	Status AR	Operator PHEBUS (V3122), STEPHEN ID: P1251	Position A00676
Time 08/20/2018 13:08:54			Operator MOORE (V3068), LORIN ID: D3002	Position PD02

Supplement

P1 UT ,EMS C2 1M/VOL

Time 08/20/2018 13:10:51	Operator MONTANO XF 1.21.19, STEPHANIE ID: D3021	Position CT18
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Supplement

P2 PD02 ,2C11, EMS ADV.D

Time 08/20/2018 13:31:37	Unit 2C11	Dissociate Status D
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Fresno Police Department
Event Report

Page 2 of 2

Time: 01/21/2020 12:02:57

Event: 18-BJ3711

Police Unit 2C11	Staff PHEBUS (V3122), STEPHEN ID: P1251	RESPONSE TIME		
	Event	Police	Fire	
Receive	08/20/2018 12:38:10	08/20/2018 12:38:29		
Save	08/20/2018 12:39:57			
Dispatch	08/20/2018 12:40:59	08/20/2018 12:40:59		
Enroute	08/20/2018 12:41:04	08/20/2018 12:41:04		
Arrive	08/20/2018 12:46:51	08/20/2018 12:46:51		
Last Clear	08/20/2018 13:31:37	08/20/2018 13:31:37		
No. of Units	1	1	0	